

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Middlesex

State

Mass.

Registered No.

1

City or Town

Chelmsford

No.

South

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Nelson H. B. Wardwell.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

South

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

12 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male.

4 COLOR OR RACE

White.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Lucy A. Wardwell

6 DATE OF BIRTH

March

30

1854

(Month)

(Day)

(Year)

7 AGE

65 Years

9 Months

10 Days

If LESS than

If STILLBORN, color that fact here

1 day.....hrs.

If STILLBORN, state period of uterogestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....(b) General nature of industry,
business, or establishment in
which employed (or employer).....

(c) Name of employer.....

Retired.

9 BIRTHPLACE (City)

Andover.

(State or country)

Mass.

10 NAME OF
FATHER

Benjamin F. Wardwell.

11 BIRTHPLACE OF
FATHER (City)

Andover.

(State or country)

Mass.

12 MAIDEN NAME
OF MOTHER

Hannah E. Wells.

13 BIRTHPLACE OF
MOTHER (City)

Amesbury.

(State or country)

Mass.

14

Informant

Miss Delia A. Wardwell.

(Address)

Chelmsford Center, Mass.

15

Filed

Jan. 10, 1920

(Month) (Day) (Year)

Edmund J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Edmund J. Robbins

Official
position

Town Clerk

Date of
issue
of permit

Jan. 10, 1920

Permit
No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan.

9

1920.

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb.

1919,

to Jan. 9,

1920.

that I last saw him alive on Jan. 8, 1920.

and that death occurred, on the date stated above, at 3.10 A. m.

The CAUSE OF DEATH was as follows:

General Arterio Sclerosis -
Right Hemiplegia -
Apoptotic Pneumonia -
Scurvy

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? NO. Date of.....

Was there an autopsy? NO.

What test confirmed diagnosis?

(Signed) Arthur G. Scoboria, M.D.

(Address) Chelmsford, Mass.

Date Jan. 10, 1920.

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Spring Grove Andover Mass.

(Cemetery)

(City or town)

Jan. 11, 1920.

20 UNDERTAKER

ADDRESS

Geo. M. Healey.

79 Branch St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former or Plumber, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer, Farm laborer, Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles: With hooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death, 25 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 23, Secs. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH

County

Middlesex

State

Mass.

City or Town

Lowell

No.

St. John's Hospital

St.

Ward

2 FULL NAME

Albert S. Whidden

(a) Residence. State

Mass.

City or Town

Chelmsford

No.

St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

32

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

Boston

(State or country)

Mass.

PARENTS

10 NAME OF FATHER

Benjamin

11 BIRTHPLACE OF FATHER (city or town)

Boston

(State or country)

Mass.

12 MAIDEN NAME OF MOTHER

Emma Prescott

13 BIRTHPLACE OF MOTHER (city or town)

Boston

(State or country)

Mass.

14

Informant

Edward Whidden

(Address)

514 Bailey St., Boston

15

Filed

Jan 27 1920 Stephen Lynn (P.)

Filed

Feb 5 1920 Edward S. Whidden

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Jan. 26 1920

17

I HEREBY CERTIFY, That I attended deceased from

Jan. 16 1920 to Jan. 26 1920

that I last saw him alive on Jan. 26 1920

and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Broncho-Pneumonia
Primary
Probably began with Influenza
(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Carlisle, Mass.

Did an operation precede death? No Date of

Was there an autopsy? "

What test confirmed diagnosis?

(Signed) Arthur G. Sabornia, M.D.
12619 St. (Address) Chelmsford, Mass.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cedar Grove Cem., Rochester 1-27 1920

20 UNDERTAKER

ADDRESS

Higgins Bros. Lowell

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of----- ("name origin"; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Bleacher wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Essex State Mass. Registered No. 3
City or Town Andover No. Richardson Rd. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Duggan
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Richardson Rd. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 years months days. How long in U. S., if of foreign birth? 65 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX fe. 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 83 Years — Months — Days If LESS than 1 day, ... hrs. or min.
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation mos.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work St. Herman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City)
(State or country) Ireland

10 NAME OF FATHER Patrick McQuade

11 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Irish

13 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

14

Informant
(Address) Mary Duggan
Richardson Rd. Andover

15

Filed Jan. 30, 1920

(Month) (Day) (Year)

Edward J. Robbins
REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 28 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1920, 1917, to Jan 27, 1920, that I last saw him alive on Jan 27, 1920, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Carcinoma of breast

(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur G. Scoboria, M.D.

(Address) Andover, Mass.

Date Jan 29 1920
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Patrick's
(Cemetery)

Andover
(City or town)

Jan 30-20

20 UNDERTAKER

ADDRESS

Rev. C. J. Kelly

Andover

Official position Comm. Clerk

Date of issue of permit Jan. 30, 1920 Permit No.

MARGIN RESERVED FOR BINDING

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the misadventure causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

53 years

months

days

How long in U. S., if of foreign birth?

3 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

81

Years

Months

Days

If LESS than

If STILLBORN, enter that fact here

1 day, hrs.

If STILLBORN, state period of oterogestation, mos.

or, mio.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHERP
A
R
E
N
T
S11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

Jan. 31, 1920

(Month) (Day) (Year)

Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan. 23, 1920, to Jan. 29, 1920,

that I last saw him alive on Jan. 25, 1920,

and that death occurred, on the date stated above, at 11:50, m.

The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

(Primary)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY

(SECONDARY)

Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James J. Jordan, M.D.

(Address) No. 414, 1st St., Lowell

Date Jan. 29th, 1920

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

20 UNDERTAKER

ADDRESS

Official position Town Clerk

Date of
issue
of permit

Jan. 31, 1920

Permit

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Middlesex

State

Mass

Registered No.

5

City or Town

East Shelmsford

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alfred S. Colburn

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

East Shelmsford

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

3

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Julia E. E.

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

32

Years

Months

Days

If LESS than

If STILLBORN, enter that fact here

1 day,.....hrs.

If STILLBORN, state period of uterogestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Clerk

9 BIRTHPLACE (City)

(State or country)

Lowell Mass

10 NAME OF FATHER

Leon Colburn

11 BIRTHPLACE OF FATHER (City)

East Boston

(State or country)

Mass.

12 MAIDEN NAME OF MOTHER

Carrie Sawtelle

13 BIRTHPLACE OF MOTHER (City)

Lowell

(State or country)

Mass.

14

Informant

(Address)

Julia E. Colburn
East Shelmsford

15

Filed

Feb. 9, 1920

Edward J. Robbins

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb.

5

(Month)

(Day)

1920

17

I HEREBY CERTIFY, That I attended deceased from

Jan. 29, 1920, to Feb. 5, 1920

that I last saw him alive on Feb. 5, 1920,

and that death occurred, on the date stated above, at 11:00 a.m.

The CAUSE OF DEATH was as follows:

Endocarditis

CONTRIBUTORY

(SECONDARY)

nephritis

(duration)

yrs. 4

mos. ds.

(duration)

1

yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Neil K. Farham

M.D.

(Address)

No. Billerica

Date

Feb. 7, 1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

Edison Lowell

(City or town)

Feb. 8, 1920

20 UNDERTAKER

ADDRESS

Higgins Bros Lowell

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edward J. Robbins

Official position

Town Clerk

22 Date of issue of burial or transit permit

Feb. 9, 1920

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of....., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Nestles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Nestles* (disease causing death), *20 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphena," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumaism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County Middlesex State Mass Registered No. 6
 City or Town East Chelmsford No. Marshall Road St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes Silva

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Marshall Road St. Ward
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 years months days. How long in U. S., if of foreign birth? 50 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a If married, widowed, or divorced
 HUSBAND of Berdebar
 (or) WIFE of

6 DATE OF BIRTH 1846
 (Month) (Day) (Year)

7 AGE 74 Years Months Days If LESS than
 If STILLBORN, enter that fact here I day.....hrs.
 If STILLBORN, state period of uterogestation.....mos. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work A Home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9 BIRTHPLACE (City) Madeira
 (State or country)

10 NAME OF FATHER Ernest De S. Josa

11 BIRTHPLACE OF FATHER (City) Azores
 (State or country)

12 MAIDEN NAME OF MOTHER Necessa Unknown

13 BIRTHPLACE OF MOTHER (City) Azores
 (State or country)

14 Informant Joseph Silva
 (Address) Marshall Rd.

15 Filed Feb 8, 1920 Edward J. Robbins
 (Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 6, 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1920, to Feb 4, 1920,
 that I last saw her alive on Feb 4, 1920,
 and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH was as follows:

arteriosclerosis

CONTRIBUTORY
 (SECONDARY)

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) — M.D.

(Address) —

Date Feb 7 1920
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Patrick's Lowell
 (Cemetery) (City or town)

DATE OF BURIAL 2/8/20

20 UNDERTAKER J. J. Melonough ADDRESS 176 Corban

Official position Town Clerk Date of issue of permit Feb 8, 1920 Permit No. —

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds., Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Int-ention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement con-taining the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the at-tending physician, if any, as required by law, or in lieu thereof a certifi-cate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the per-mit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County

Mdx

State

Mass

Registered No.

7

Township

Chelmsford

or Village

City

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Henry Francis Dupree

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

South Chelmsford

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

5 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

✓

6 DATE OF BIRTH (month, day, and year)

July 16 1883

7 AGE

66

Years

Months

6

Days

23

If LESS than 1 day,.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

Shoes

(c) Name of employer

9 BIRTHPLACE (city or town)

Westford

(State or country)

PARENTS

10 NAME OF FATHER

Edmund H. Dupree

11 BIRTHPLACE OF FATHER (city or town)

Westford

(State or country)

Mass

12 MAIDEN NAME OF MOTHER

Martha Reed

13 BIRTHPLACE OF MOTHER (city or town)

Westford

(State or country)

Mass

14

Informant

W. Z. Dupree

(Address)

Chelmsford Mass

15

Filed

Feb. 10, 1920

Edmund J. R. H. H. H.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Feb. 7th 1920

17

I HEREBY CERTIFY, That I attended deceased from

Sept.

1919

to date

1920

that I last saw him alive on

Feb. 4th

1920

and that death occurred, on the date stated above, at 11:45 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral embolism.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

no

Date of

x

Was there an autopsy?

no

What test confirmed diagnosis?

Physical signs

(Signed)

Amasa Steward

M.D.

, 19 (Address)

Chelmsford, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Fairview Cem. Westford

DATE OF BURIAL

Feb 10 1920

20 UNDERTAKER

Walter Perkins

ADDRESS

Chelmsford

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia"); *Unqualified*, is indefinite); *Tuberculosis of lungs*, *meninges*, *pertoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ----- ("name origin"; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Colic," "Genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. * Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations (Statement of cause of death approved by Committee Nomenclature of the American Medical Association.) **Cases for the Medical Examiners.**—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

19
No. Chelmsford
(City or town)

1 PLACE OF DEATH
County Worcester State Massachusetts Registered No. 8
Township No. Chelmsford or Village _____
City _____ No. _____, St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eustaf R. Wikander
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 131 Chughtman St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 3 years 1 months 5 days. How long in U. S., if of foreign birth? 20 years 0 months 0 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mathilda

6 DATE OF BIRTH (month, day, and year) Nov. 18, 1876

7 AGE 44 Years 2 Months 20 Days If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Appleton Co.

9 BIRTHPLACE (city or town)
(State or country)

Sweden

PARENTS

10 NAME OF FATHER

Eustaf Wikander

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Sweden

12 MAIDEN NAME OF MOTHER

Sida Westertug

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Sweden

14

Informant
(Address)

Mathilda Wikander
No Chelmsford, Mass.

15

Filed

Feb. 13, 1920

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1920

17 I HEREBY CERTIFY, That I attended deceased from
July 6, 1920, to July 7, 1920;

that I last saw him alive on July 7, 1920;

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Primary)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Frederic E. Varney, M.D.

July 9, 1920 (Address) No. Chelmsford, Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Riverside Cemetery, Lond.

DATE OF BURIAL

Feb. 10 1920

20 UNDERTAKER

William H. Saunders

ADDRESS

Lowell, Mass.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary, or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:
1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Middlesex State Mass Registered No. 9
 City or Town No. Chelmsford No. Highland Ave St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Owen F. McGrath
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. Highland Ave No. Chelmsford Ward. Ward
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred 47 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of —

6 DATE OF BIRTH 1873
 (Month) (Day) (Year)

7 AGE 47 Years — Months — Days — If LESS than
 If STILLBORN, enter that fact here 1 day, hrs.
 If STILLBORN, state period of uterogestation mes. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist
 (b) General nature of industry, business, or establishment in which employed (or employer) Moore's Mill
 (c) Name of employer

9 BIRTHPLACE (City) No Chelmsford
 (State or country) Mass

10 NAME OF FATHER Owen McGrath

11 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)

12 MAIDEN NAME OF MOTHER Alice M. Cane

13 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country)

14 Informant Mary E. McGrath, sister
 (Address) No Chelmsford

15 Filed Feb 11, 1920 Edward J. Robbins
 (Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 9 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1920, to Feb 9th, 1920,
 that I last saw him alive on Feb 8th, 1920,
 and that death occurred, on the date stated above, at — m.
 The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
 (duration) yrs. mos. 12 ds.

CONTRIBUTORY
 (SECONDARY)

(duration) yrs. mos. ds.
 18 Where was disease contracted
 if not at place of death?

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) James F. Sowell, M.D.

(Address) Central St Lowell

Date Feb 11 1920
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Patrick Lowell
 (Cemetery) (City or town)

DATE OF BURIAL Feb 12-1920

20 UNDERTAKER James F. O'Donnell & Sons
 ADDRESS 324 Market

Official position Town Clerk Date of issue of permit Feb 15 1920 Permit No. —

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

GOVERNING THE

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meesles* (disease causing death), 89 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as, "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Middlesex State Mass Registered No. 10City or Town North Shelmford No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Ellen Stone

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

367 Hanover St-Manchester Ht.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years 3 months _____ days

How long in U. S., if of foreign birth?

67 years 10 months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofFrank E. Stone

6 DATE OF BIRTH

April 1852

(Month)

(Day)

(Year)

7 AGE

67 Years 10 Months _____ Days

If LESS than

If STILLBORN, enter that fact here

1 day, _____ hrs.

If STILLBORN, state period of uterogestation _____ mos.

or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)

Dover

(State or country)

me

10 NAME OF FATHER

Patrick Walker

11 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

12 MAIDEN NAME OF MOTHER

Ellen Stanton

13 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

14

Informant

Mary E. Walker, niece

(Address)

Washington D.C.

15

Filed

Feb 13 1920

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb131920

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Nov. 25, 1919, to Feb 13, 1920,that I last saw him alive on Feb 13, 1920,and that death occurred, on the date stated above, at 11 A. M.

The CAUSE OF DEATH was as follows:

Carcinoma of Liver(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no, Date of _____Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) James H. Sullivan, M.D.(Address) 212 St. LouisDate Feb 13 1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Laurel Hill

(Cemetery)

Saco Me

(City or town)

DATE OF BURIAL

Feb. 16

20 UNDERTAKER

James H. O'Donnell Sons

ADDRESS

324 Market

Official position

Com. Clerk

Date of issue of permit

Feb 13 1920 No. _____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., ... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asystolia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Sec. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Middlesex

State

Massachusetts

Registered No.

11

City or Town

Chelsea

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

June Irene Pickhus

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Chelsea

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

/

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

June 23 - 1917

(Month)

(Day)

(Year)

7 AGE

2

Years

7

Months

21

Days

If LESS than

If STILLBORN, enter that fact here

1 day.....hrs.

If STILLBORN, state period of gestation

mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)

Lowell, Mass.

(State or country)

10 NAME OF
FATHER

Albert R. Pickhus

11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER

Fannie Anderson

13 BIRTHPLACE OF
MOTHER (City)

Quincy, Mass.

(State or country)

14

Informant
(Address)Miss Edith M. Anderson
N. Chelsea

15

Filed

Feb. 16, 1920 Edward J. Rothman

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Edward J. Rothman

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb

14

1920

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb 7, 1920, to Feb 13, 1920

that I last saw her alive on Feb 13, 1920

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

Tubercular Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

Regular Test

(Signed)

J. B. Hunt Johnson, M.D.

(Address)

53 Central St

Date

Feb 15

(Day)

1920

(Month)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Fairview Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 16, 1920

20 UNDERTAKER

David L Greig & Son

ADDRESS

Westland, Mass

Official
position

Tomb Club

Date of
issue
of permit

Feb 16, 1920

Permit

MARGIN RESERVED FOR BINDING

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UNIFIED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Premia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

THE LAWS OF THE
MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

3

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

78 Years

3 Months

9 Days

If LESS than

If STILLBORN, enter that fact here

1 day.....hrs.

If STILLBORN, state period of uterogestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

Edward J. Robbins
REGISTRAR21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb 8

1920

to Feb 14

1920

that I last saw her alive on

Feb 14

1920

and that death occurred, on the date stated above, at 9:30 P.m.

The CAUSE OF DEATH was as follows:

Bright Hemilegia

(duration) yrs.....mos.....ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur Scobaria, M.D.

(Address) Chelmsford Mass

Date Feb 19 1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Lee

P.H.

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 20 1920

20 UNDERTAKER

St. Herbert Blake

ADDRESS

33 Persimmon

Official
position

Town Clerk

Date of
issue
of permit

Feb 19 1920 No

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STATES STANDARD CERTIFICATE OF DEATH

by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. Put in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from homo when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

80 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mary A. Golden

6 DATE OF BIRTH

Aug

10

1862

(Month)

(Day)

(Year)

7 AGE

57 Years

6 Months

9 Days

If LESS than

If STILLBORN, enter that fact here

1 day.....hrs.

If STILLBORN, state period of uterogestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)
(State or country)Mason
Maine10 NAME OF
FATHER

Leander Bisbee

11 BIRTHPLACE OF
FATHER (City)Fryburg
Me.12 MAIDEN NAME
OF MOTHER

Sarah Day

13 BIRTHPLACE OF
MOTHER (City)Fryburg
Me.

14

Informant
(Address)Mrs Mary A Bisbee
Carlisle Rd Chelmsford

15

Filed

Feb 21 1920

(Month) (Day) (Year)

Edmund J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Edmund J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 19th

(Month)

19th

(Day)

1920

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb. 8

1920

to Feb. 19th

1920

that I last saw him alive on Feb. 19th, 1920,

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH was as follows:

Double Broncho-pneumonia

(duration) yrs..... mos. 11 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs..... mos..... ds.

18 Where was disease contracted
if not at place of death?

X

Did an operation precede death?

X

Date of

X

Was there an autopsy?

No.

What test confirmed diagnosis?

X

(Signed)

Amasa Howard, M.D.

(Address)

Chelmsford Mass.

Date

Feb.

20

1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Patrick's Lowell

(Cemetery)

(City or town)

Feb. 22 1920

20 UNDERTAKER

ADDRESS

James W. McKenna Lowell Mass

Official
position

Tom Clark

Date of
issue
of permit

Feb 21 1920

Permit
No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In-nation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement con-taining the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the at-tending physician, if any, as required by law, or in lieu thereof of a certi-ficate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the per-mit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH

County

Middlesex

State

Mass

City or Town

Lowell

No.

429, Chelmsford

St.

Ward

2 FULL NAME

John J. Livers

(a) Residence. State

Mass

City or Town

Chelmsford

No.

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

14 days

How long in U. S., if of foreign birth?

49 years

8 months

6 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Sarah Fleming

6 DATE OF BIRTH (month, day, and year)

June 18, 1870

7 AGE

49 Years

8 Months

6 Days

If LESS than

1 day, ... hrs.

or mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

Provision Store

(c) Name of employer

9 BIRTHPLACE (city or town)

Lowell

(State or country)

Mass

PARENTS

10 NAME OF FATHER

James A.

11 BIRTHPLACE OF FATHER (city or town)

Ireland

(State or country)

12 MAIDEN NAME OF MOTHER

Eleanor Judge

13 BIRTHPLACE OF MOTHER (city or town)

Ireland

(State or country)

14

Informant (Address)

Wife, Chelmsford Mass

15

Filed Feb. 26, 1920

Stephen Flynn (P)

Filed Mar. 8, 1920

Edward J. Robbins

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Feb. 23, 1920

17

I HEREBY CERTIFY, That I attended deceased from

Feb. 13, 1920 to Feb. 23, 1920

that I last saw him alive on Feb. 23, 1920

and that death occurred, on the date stated above, at 11:30 p.m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Pulmonary Tuberculosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Sputum Exam.

(Signed) E. G. Livingston, M.D.

2-24-19 (Address) Lowell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Patrick, Lowell

DATE OF BURIAL

Feb. 26, 1920

20 UNDERTAKER

J. F. O'Donnell & Sons

ADDRESS

Lowell

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc.; *Carcinoma*, *Sarcoma*, etc., of----- (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Recober wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Worcester

State

Registered No.

15

City or Town

Lehman

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary H. Carr

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Lehman

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

4

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

David Carr

6 DATE OF BIRTH

July 3rd 1848

(Month)

(Day)

(Year)

7 AGE

71 Years

7 Months

26 Days

If LESS than

If STILLBORN, enter that fact here

1 day,.....hrs.

If STILLBORN, state period of uterogestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work.....

(b) General nature of industry,

business, or establishment in

which employed (or employer).....

(c) Name of employer

St. Paul

9 BIRTHPLACE (City)

Lehman

(State or country)

10 NAME OF
FATHER

Charles J. Wheeler

11 BIRTHPLACE OF
FATHER (City)

Mythrum

(State or country)

12 MAIDEN NAME
OF MOTHER

Alice Thurston

13 BIRTHPLACE OF
MOTHER (City)

Lehman

(State or country)

14

Informant

(Address)

Mrs. Walter D. Carr
Lehman

15

Filed

Mar 2, 1920 Edward J. Robbins

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 1st 1920

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

1915, to March 1, 1920,

that I last saw him alive on Feb. 27, 1920,

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Gen. arterio sclerosis -

Hemiplegia

(duration) 5 yrs. + mos.....ds.

CONTRIBUTORY
(SECONDARY)

Hemiplegia

(duration) 1 yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of.....

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Arthur G. Scolaria, M.D.

(Address) Chelmsford, Mass.

Date Mar 1, 1920.

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Lehman

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 4 1920

20 UNDERTAKER

A. Messier

ADDRESS

Lehman

Official
position

Town Clerk

Date of
issue
of permit

Mar 2, 1920 No.....

Permit

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *99 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelmsford

(City or town)

1 PLACE OF DEATH

County MiddlesexState MassachusettsRegistered No. 16Township Chelmsford

or Village

or

City

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Pliney Clark Bliss.

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Billerica RoadSt. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

27

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJessie M. Bliss

6 DATE OF BIRTH (month, day, and year)

Sep. 10, 1854.

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

65521

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

RochesterVermont

10 NAME OF FATHER

Chester Bliss

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Vermont

12 MAIDEN NAME OF MOTHER

Electa Nason

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Vermont

14

Informant

Mrs. P. C. Bliss

(Address)

Chelmsford Mass.

15

Filed

Mar. 4, 1920Edward J. Robbins

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 2, 1920

17

I HEREBY CERTIFY, That I attended deceased from

Dec. 3, 1920, to March 2, 1920.that I last saw him alive on Feb. 20, 1920.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis -

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Left hemiplegia -
(duration) yrs. 3 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Arthur G. Scoboria, M.D.

3-4, 1920 (Address)

Chelmsford, Mass.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Pine Ridge Cem. ChelmsfordMar. 4, 1920

20 UNDERTAKER

ADDRESS

Walter PerhamChelmsford

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia"); *unqualified*, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congestive," "Scenic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County

Middlesex

State

Mass.

Registered No.

162

City or Town

Chelmsford

No.

Gorham

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ruth Elanmae Smalley

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Carleton Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Mar 6

1920

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If STILLBORN, enter that fact here

If LESS than

1 day,.....hrs.

If STILLBORN, state period of uterine gestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work.....

(b) General nature of industry,

business, or establishment in

which employed (or employer).....

(c) Name of employer.....

9 BIRTHPLACE (City)

Chelmsford

(State or country)

Mass.

10 NAME OF
FATHER

Leroy G. Smalley

11 BIRTHPLACE OF
FATHER (City)

Branntree

(State or country)

Vermont

12 MAIDEN NAME
OF MOTHER

Annie Ferguson

13 BIRTHPLACE OF
MOTHER (City)

Hampton

(State or country)

P. E. I.

14

Informant

(Address)

Leroy G. Smalley
East Chelmsford Mass.

15

Filed

(Month) (Day) (Year)

Mar 12, 1920 Edward J. Robbins
REGISTRAR21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 9

1920

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

March 6, 19, to March 9, 1920

that I last saw him alive on March 9, 1920

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Hydrocephalus

(duration).....yrs.....mos.....ds.

CONTRIBUTORY

(SECONDARY)

(duration).....yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) Richard J. McChesney, M.D.

(Address)

40 Middlesex St

Date

3-11-20

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Edson Tomb, Lowell, Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

March 12, 1920

20 UNDERTAKER

Geo. M. Healey

ADDRESS

79 Branch St.

Official
position

Tomb Clerk

Date of
issue
of permit

Mar 12, 1920 No.

Permit

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthena," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 23, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH

County

Middlesex

State

Mass.

City or Town

Lowell

No.

Lowell General Hosp. St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Treath

(a) Residence. State

Mass.

City or Town

Chelmsford

No.

St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S. if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (Write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Mar. 14, 1920

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Lowell
Mass.

PARENTS

10 NAME OF FATHER

Paul Treath

11 BIRTHPLACE OF FATHER (city or town)
(State or country)Chelmsford
Mass.

12 MAIDEN NAME OF MOTHER

Ruth Mevis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)New Bedford
Mass.

14

Informant
(Address)Father
Chelmsford Mass.

15

Filed

Mar. 19, 1920

Stephen Flynn (P.)

Filed

Apr. 7, 1920

Edward J. Flynn

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 18, 1920

17

I HEREBY CERTIFY, That I attended deceased from

Mar. 14, 1920, to Mar. 18, 1920

that I last saw her alive on March 17, 1920

and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES,
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL,
SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Premature Birth

(duration) yrs. mos. 3 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Sherman, M.D.

3-18-1920 (Address)

Lowell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Joseph, Chelmsford

DATE OF BURIAL

Mar. 19, 1920

20 UNDERTAKER

A. Archambault

ADDRESS

Lowell

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Broncho pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,..... hrs.

or..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mch

24

1920

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Mch. 1

1920

to

Mch 24

1920

that I last saw him alive on

Mch 22

1920

and that death occurred, on the date stated above, at

4 P.

m.

The CAUSE OF DEATH was as follows:

Arterial degeneration
cerebral

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

S. P. senile

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Fred E. Harvey

M.D.

(Address)

North Chelmsford

Date

Mch 25

1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

Mar 27 1920

20 UNDERTAKER

ADDRESS

W. Herbert Blake

Lowell

Official
position

Com. Clerk

Date of
issue
of permit

Mar 27 1920

Permit
No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Archivist, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningies, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 8, Sec. 78.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Middlesex State Mass Registered No. 20
 City or Town North Chelmsford St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Octavie Dugas
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Old Boston Road St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? 36 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX fe 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced
 HUSBAND of Antoine Dugas
 (or) WIFE of

6 DATE OF BIRTH Sept 25 1848
 (Month) (Day) (Year)

7 AGE 72 Years 6 Months 16 Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

9 BIRTHPLACE (City) Canada
 (State or country)

10 NAME OF FATHER Leandre Trudeau

11 BIRTHPLACE OF FATHER (City) Canada
 (State or country)

12 MAIDEN NAME OF MOTHER Catherine Tauspin

13 BIRTHPLACE OF MOTHER (City) Canada
 (State or country)

14 Informant Husband
 (Address) North Chelmsford

15 Filed Apr 5 1920 Edward J. Robbing
 (Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbing

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 1 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 30 1920, to April 1 1920,

that I last saw her alive on April 1 1920,

and that death occurred, on the date stated above, at 11:55 a.m.

The CAUSE OF DEATH was as follows:

Peritonitis
caused by ulcer in stomach
 (duration) yrs. mos. ds.

CONTRIBUTORY
 (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank S. Phillips M.D.

(Address) Dr. Chelmsford

Date April 3 1920
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St Joseph & Chelmsford
 (Cemetery) (City or town)

DATE OF BURIAL April 5 1920

20 UNDERTAKER L. Lichambault ADDRESS 738
Merrimack

Official position Comm Clerk Date of issue Apr 5 1920 Permit No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. —

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Solemnist*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Coronaria*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death, 29 ds.); *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 582.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

32

Howell
(City or town)

1 PLACE OF DEATH

County

Middlesex

State

Mass.

City or Town

Howell

Registered No.

(Place of death)

Registered No.

(Place of residence)

2 FULL NAME

Jessie Bell Norton

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence. State

Chelmsford, Mass.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(Usual place of abode)

City or Town

No.

Chelmsford St.

Length of residence in city or town where death occurred

years

2

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Linwood

6 DATE OF BIRTH (month, day, and year)

May 1, 1879

7 AGE

Years

Months

Days

40

11

20

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Howell
Mass.

PARENTS

10 NAME OF FATHER

H. S. Gargant

11 BIRTHPLACE OF FATHER (city or town)
(State or country)Charlton
Mass.

12 MAIDEN NAME OF MOTHER

J. A. Sweeney

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)Framingham
Mass.

14

Informant
(Address)Husband
Chelmsford Mass

15

Filed

Apr. 23, 1920

Stephen Flynn (P.)

Filed

May 8, 1920

Edward J. Robbins

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

April 21, 1920

17

I HEREBY CERTIFY, That I attended deceased from
Feb. 20, 1920, to Apr. 21, 1920,

that I last saw her alive on Apr. 21, 1920,

and that death occurred, on the date stated above, at 4:32 p.m.

The CAUSE OF DEATH* was as follows:

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Pneumonia, Alveolar

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. 5 ds.

Childbirth

(duration) yrs. mos. 12 days before

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Marshall H. Alling, M.D.
Apr. 23, 1920 (Address) Howell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

King Ridge Cemetery
Chelmsford Mass.

DATE OF BURIAL

Apr. 25, 1920

20 UNDERTAKER

Walter Terham

ADDRESS

Chelmsford
Mass.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- ("Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthena," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Colicental," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

- Cases for the Medical Examiners.**—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:
1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
 2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
 3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
 4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH

County

Middlesex

State

Mass

City or Town

Lowell

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

(Place of death)

Registered No.

(Place of residence)

2 FULL NAME

Thomas Bunt

(a) Residence. State

Mass

City or Town

Chelmsford

No.

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

2

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Apr. 8, 1900

7 AGE

Years

Months

Days

20

—

18

If LESS than

1 day, ... hrs.

or mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Chelmsford
Mass

10 NAME OF FATHER

John

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

England

12 MAIDEN NAME OF MOTHER

Annie Roberts

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

England

14

Informant
(Address)Matthew J.
Chelmsford, Mass

15

Filed

Apr. 29, 1920

Stephen Flynn (P.)

Registrar of city or town where death occurred

Filed

May 8, 1920

Edmund Robinson

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

April 26, 1920

17

I HEREBY CERTIFY, That I attended deceased from

April 24, 1920, to April 26, 1920,

that I last saw him alive on April 26, 1920.

and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Septicaemia and
Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Abscess of neck

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

at home

Did an operation precede death?

Yes Date of Apr 24, 1920

Was there an autopsy?

No

What test confirmed diagnosis?

Blood Culture

(Signed)

J. Arthur Gage, M.D.

4-29-1920 (Address)

Lowell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Riverside Chelmsford, Mass Apr. 28, 1920

20 UNDERTAKER

ADDRESS

W. Herbert Blake Lowell

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compos-freman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *Housework*, definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Col-genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

If STILLBORN, enter that fact here

If STILLBORN, state period of gestation

months

or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21

Burial permit

issued by

Official

position

22 Date of

issue

Permit

No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Ruptured Aneurysm of Aorta,
found dead at roadside.

(See reverse side for description for unknown person)

18 Where was injury sustained
if not at place of death?

(Signed)

M.D.

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

(Month) (Day) (Year)

20 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER

11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan 28, 1920, to April 23, 1920,

that I last saw her alive on April 23, 1920,

and that death occurred, on the date stated above, at 10.0 pm.

The CAUSE OF DEATH was as follows:

Throat cancer

(duration) yrs.....mos.....ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank E. Phieps, M.D.

(Address) North Chelmsford

Date May 9, 1920

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

20 UNDERTAKER

ADDRESS

Official position

Tom Clark

Date of issue of permit

May 10, 1920

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *89 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for this purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

36

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 PLACE OF DEATH (ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)
 County Middlesex State Mass. Registered No. 81020
 City or Town Howell (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Anna Harrington (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. Chelmsford St. Mass. Ward Chelmsford
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. W. 4 COLOR OR RACE Married 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of John
 6 DATE OF BIRTH (Month) (Day) (Year)
 7 AGE 36 Years Months Days If LESS than 1 day, hrs. or min.
 If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Operative
 (b) General nature of industry, business, or establishment in which employed (or employer) U. S. Cartridge Co.
 (c) Name of employer

9 BIRTHPLACE (City) (State or country) Ireland
 10 NAME OF FATHER John Barry
 11 BIRTHPLACE OF FATHER (City) (State or country) Ireland
 12 MAIDEN NAME OF MOTHER Mary Sullivan
 13 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

14 Informant Husband (Address) Chelmsford, Mass.

15 Filed May 18, 1920 Stephen Flynn Registrar of city or town where death occurred
 Filed June 7, 1920 Edmund J. Rourke Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 15, 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Accident
Fracture of base of skull
received by being knocked
down by a motorcycle

(See reverse side for additional space)

18 Where was injury sustained if not at place of death?

(Signed) Marshall E. Alling, M.D.

(Address) Howell
5th Dist. Middlesex
Co. Medical Examiner for

Date May 17, 1920
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Patrick, Howell DATE OF BURIAL May 18, 1920
 (Month) (Day) (Year)

20 UNDERTAKER O'Connell + Fay ADDRESS Howell

21 Burial permit issued by Official position

22 Date of issue

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise

a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during the previous month, if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF

FATHER

11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 15, 1920, to May 15, 1920,

that I last saw him alive on May 15, 1920,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

(duration) yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Frank E. Phillips, M.D.

(Address) North Chelmsford Mass

Date May 15, 1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

ADDRESS

20 UNDERTAKER

Official
positionDate of
issue
of permit

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Doy laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Cerebrum, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *23 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. — WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH

County

Middlesex

State

Mass.

City or Town

Lowell

Registered No.

(Place of death)

Registered No.

(Place of residence)

2 FULL NAME

Amos Everett Adams

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence, State

Mass.

City or Town

Chelmsford

No.

Worthen

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Apr. 30, 1920

7 AGE

Years

Months

Days

9

If LESS than

1 day, ... hrs.

or mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Lowell
Mass.

PARENTS

10 NAME OF FATHER

William E.

11 BIRTHPLACE OF FATHER (city or town)
(State or country)Chelmsford
Mass.

12 MAIDEN NAME OF MOTHER

Ethel Scoble

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)Chelmsford
Mass.

14

Informant
(Address)Father
Chelmsford Mass.

15

Filed

May 11, 1920

Stephen Flynn (P.)

Registrar of city or town where death occurred

Filed

June 7, 1920

Edward J. Kott

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 9 1920

17

I HEREBY CERTIFY, That I attended deceased from

April 20, 1920, to May 9, 1920.

that I last saw him alive on " 9, 1920.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Marasmus

(duration) yrs. mos. 9 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arthur G. Scoboria, M.D.

5-9-1920 (Address) Chelmsford

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Pine Ridge Chelmsford May 10 1920.

20 UNDERTAKER

ADDRESS

Walter Terham Chelmsford

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ----- (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as **ACCIDENTAL**, **SUICIDAL**, or **HOMICIDAL**, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recent regulations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

35 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Elizabeth N. Parkhurst

6 DATE OF BIRTH

May 18 1878

(Month)

(Day)

(Year)

7 AGE

42

Years

2

Months

Days

If LESS than

If STILLBORN, enter that fact here

I day.....hrs.

If STILLBORN, state period of uterogestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Tailor

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)
(State or country)Lowell
Mass10 NAME OF
FATHER

Le Roy Parkhurst

11 BIRTHPLACE OF
FATHER (City)Chelmsford
Mass

(State or country)

12 MAIDEN NAME
OF MOTHER

Adella Osgood

13 BIRTHPLACE OF
MOTHER (City)Lowell
Mass

(State or country)

14

Informant
(Address)Elizabeth N. Parkhurst
Chelmsford Mass

15

Filed
(Month)

May 19 1920

Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 18 1920

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 14

1920

to May 18

1920

that I last saw him alive on May 18

and that death occurred, on the date stated above, at 6:30 P. M.

The CAUSE OF DEATH was as follows:

Pneumonia
Primary

(duration) yrs. mos. 6 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Arthur G. Scoboria, M.D.

(Address) Chelmsford

Date May 18 1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forefathers Chelmsford

(Cemetery)

(City or town)

DATE OF BURIAL

May 21 1920

20 UNDERTAKER

W. H. Heber Blake

ADDRESS

Lowell

Official position Town Clerk

Date of issue of permit May 19 1920 No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer* — *Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or Town)

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than
1 day, his,

or, mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stand-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb 23rd, 1920, to May 28, 1920,

that I last saw him alive on May 28, 1920,

and that death occurred, on the date stated above, at 2 PM.

The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis
(duration) yrs. 3 mos. 7 ds.CONTRIBUTORY
(SECONDARY)

(duration) yrs. 21 mos. 21 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination of Sputum

(Signed) Dr. Maguire, M.D.

(Address) 468 Bridge St

Date June 1st 1920

(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Patrick's Cemetery Lowell 1920

20 UNDERTAKER

ADDRESS

Joseph A. Mahoney Lowell

Official position Town Clerk

Date of issue of permit June 1, 1920 Permit No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. Put in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . (until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred

10 years

months

days

How long in U. S., if of foreign birth?

36 yrs.

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Patrick Ryan

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

64 Years

Months

Days

If LESS than

If STILLBORN, enter that fact here

1 day,.....hrs.

If STILLBORN, state period of gestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

at home

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (City)

(State or country)

Ireland

10 NAME OF FATHER

PARENTS

11 BIRTHPLACE OF FATHER (City)

(State or country)

Unknown
Ireland

12 MAIDEN NAME OF MOTHER

Mary Daley

13 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

14

Informant

(Address)

Patrick Ryan
Columbus Ave. E. Chelmsford

15

Filed

(Month) (Day) (Year)

June 2 1920 Edward J. Robbins
REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 31, 1920, to

that I last saw him alive on May 31, 1920

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Indecent

(duration).....yrs.....mos.....ds.

CONTRIBUTORY

(SECONDARY)

(duration).....yrs.....mos.....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ☒ Date of.....Was there an autopsy? ☒

What test confirmed diagnosis?

(Signed) John F. Boyle, M.D.

(Address)

June 1, 1920
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

20 UNDERTAKER

ADDRESS

O'Connell & Fay

Lowell Mass

Official position

Tom Clark

Date of issue of permit

June 2 1920

Permit No.

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Boyle

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium*, etc., *Corticoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

55 years

months

days

How long in U. S., if of foreign birth

25 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,..... hrs.

or..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 6th

(Month)

(Day)

1920
(Year)

17

I HEREBY CERTIFY, That I attended deceased from

January 1st, 1920, to June 6th, 1920,
that I last saw him alive on June 5th, 1920

and that death occurred, on the date stated above, at 4:30 A.m.

The CAUSE OF DEATH was as follows:

Myocarditis

CONTRIBUTORY
(SECONDARY)

Chronic Nephritis

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

June 6th

(Month) (Day)

1920
(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Patrick's Cemetery, South
(Cemetery) (City or town)

DATE OF BURIAL

June 8 1920

20 UNDERTAKER

James J. Donnelly

ADDRESS

324 Market St.

Official
position

Tom Clark

Date of
issue
of permit

June 7, 1920

Perma

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

[Approved by U. S. and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *at home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

32

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

30

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

August Nelson

6 DATE OF BIRTH

Oct 10 - 1862

(Month)

(Day)

(Year)

7 AGE

57

Years

7

Months

28

Days

If LESS than

If STILLBORN, enter that fact here

I day, hrs.

If STILLBORN, state period of uterogestation mos.

or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Housewife

9 BIRTHPLACE (City)

(State or country)

Sweden.

10 NAME OF
FATHER

Not known

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Sweden.

12 MAIDEN NAME
OF MOTHER

Not known

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Sweden.

14

Informant

(Address)

Mr. August Nelson

W. Chelmsford Mass.

15

Filed

(Month)

(Day)

(Year)

June 8, 1920 Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June

(Month)

7

(Day)

1920

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

June 7

1920

that I last saw him alive on June 7, 1920,

and that death occurred, on the date stated above, at 8:30 p. m.

The CAUSE OF DEATH was as follows:

Cerebral Thrombus

one half hour

CONTRIBUTORY
(SECONDARY)

Various Venous

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Fred E. Varney

M.D.

(Address)

North Chelmsford

Date

June

8

1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

West Chelmsford Cemetery

(Cemetery)

Chelmsford

(City or town)

DATE OF BURIAL

June 9 1920

20 UNDERTAKER

David L. Grogan & Son

ADDRESS

West Chelmsford

Official
position

Town Clerk

Date of
issue
of permit

June 8, 1920

Permit
No.

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purperal septicemia," "Purperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

F MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

44
Chelmsford
(City or town)

1 PLACE OF DEATH

County *Windsor*State *Mass.*Registered No. *33*Township *Chelmsford*or Village *✓*City *✓*No. *✓*St. *✓*Ward *✓*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James Stratton Byam

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *Westford Rd.*St. *✓*Ward. *✓*

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Louise Reed Byam*

6 DATE OF BIRTH (month, day, and year)

Apr. 26 1864

7 AGE

56

Years

1 Months*24* DaysIf LESS than
1 day,.....hrs.
or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Garage

(b) General nature of industry, business, or establishment in which employed (or employer)

Automobiles

(c) Name of employer

9 BIRTHPLACE (city or town)

Chelmsford

(State or country)

Mass.

PARENTS

10 NAME OF FATHER

George Otis Byam

11 BIRTHPLACE OF FATHER (city or town)

Boston

(State or country)

Mass.

12 MAIDEN NAME OF MOTHER

Mary A. Capen

13 BIRTHPLACE OF MOTHER (city or town)

Shirley

(State or country)

Mass.

14

Informant

Mrs. James S. Byam

(Address)

Chelmsford

15

Filed

June 22, 1920

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 19th 1920

17

I HEREBY CERTIFY, That I attended deceased from

Dec. 31st

19

19

to

June 19th

19

*20*that I last saw him alive on *June 18*, 19*20*.and that death occurred, on the date stated above, at *7* *a.*m.

The CAUSE OF DEATH* was as follows:

*Carcinoma of stomach
and Liver*(duration) yrs. *6*.....mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death? *X*Did an operation precede death? *yes* Date of *Mich. 24th 20.*Was there an autopsy? *no*What test confirmed diagnosis? *inspection during
operation gastro-enterostomy*

(Signed)

19, 1920 (Address)

*Amasa Howard M.D.
Chelmsford, Mass.*

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Hart Pond Cem. So. Chelmsford

DATE OF BURIAL

June 22 1920

20 UNDERTAKER

Walter Perkins

ADDRESS

Chelmsford.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The maternal worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as *accidental*, *suicidal*, or *homicidal*, or as *probably* such, if impossible to determine definitely. * Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:
 1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
 2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
 3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
 4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

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OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Middlesex State Mass
City or Town Lowell No. Princeton St. 17th Chelmsford St. Chelmsford Ward 34
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J. Malone
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Princeton St. 17th Chelmsford St. Chelmsford Ward 34
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 years months days. How long in U. S., if of foreign birth? 36 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

5a If married, widowed, or divorced
HUSBAND of Margaret J. McTearis
(or) WIFE of 1853

6 DATE OF BIRTH (Month) (Day) (Year)
67 — —

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
67 — —

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machine
(b) Name of employer U.S. Cartledge Co.

9 BIRTHPLACE (City) (State or country)

10 NAME OF FATHER John Malone
11 BIRTHPLACE OF FATHER (City) (State or country) Chelmsford
12 MAIDEN NAME OF MOTHER Mary Gibbons
13 BIRTHPLACE OF MOTHER (City) (State or country) Chelmsford

14 Informant Mrs. John E. Harrington, Daughter
(Address) Princeton St. 17th Chelmsford

15 Filed June 26 1926 Edmond J. Robbins
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edmond J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 20 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1926, to June 20, 1926, that I last saw him alive on June 20, 1926, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) ?

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Frank E. Phillips, M.D.

(Address) North Chelmsford

Date June 26 1926
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Patrick's Cemetery, Lowell
(Cemetery) (City or town)

DATE OF BURIAL June 26 1926

20 UNDERTAKER Frank J. Daniels ADDRESS 324 Maple St.

Official position Tom Clark Date of issue of permit June 26 1926 Permit No. _____

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer* — *Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH

County Franklin State Mass.City or Town Gill No. _____, St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. _____
(Place of death)Registered No. 35
(Place of residence)

2 FULL NAME

Nettie F. Wheeler

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Chelmsford No. _____ St. _____
(Usual place of abode)Length of residence in city or town where death occurred years 3 months _____ days _____ How long in U. S., if of foreign birth? years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofLincoln E. Wheeler6 DATE OF BIRTH (month, day, and year) May 25 18537 AGE 67 Years _____ Months 27 Days _____
If LESS than
I day, _____ hrs.
or _____ mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Belfast
(State or country) Maine

PARENTS	10 NAME OF FATHER <u>Wm. Brown</u>
	11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) <u>Maine</u>
	12 MAIDEN NAME OF MOTHER <u>Sarah Drinkwater</u>
	13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) <u>Maine</u>

14 Informant Mrs W. S. Yeager
(Address) Mt. Hermon15 Filed June 22, 1920 Henry B. Barton
Registrar of city or town where death occurred
Filed July 13, 1920 Edwin J. Rethman
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 192017 I HEREBY CERTIFY, That I attended deceased from
March 24, 1920, to June 21, 1920,
that I last saw her alive on June 21, 1920.and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Chronic Valvular Heart diseaseseveral (duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY Broken compensation
(SECONDARY)(duration) _____ yrs. 3 mos. _____ ds.18 Where was disease contracted
if not at place of death? _____Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) A. L. Newton, M.D.
June 22, 1920 (Address) Northfield Mass.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wood lawn. Acton Center June 24 1920

20 UNDERTAKER

ADDRESS

Geo. N. KidderNorthfield Mass.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Middlesex County Mass State West Chelmsford Road City or Town St. Ward 36
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rosie Liebedzinski
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. West Chelmsford Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH May 30 1920
(Month) (Day) (Year)

7 AGE Years 1 Months Days If LESS than
If STILLBORN, enter that fact here 1 day.....hrs.
If STILLBORN, state period of uterogestation.....mos. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City) No. Chelmsford
(State or country)

10 NAME OF FATHER Michael Liebedzinski

11 BIRTHPLACE OF FATHER (City) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Mary Saloka

13 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

14 Informant Michael Liebedzinski
(Address) No. Chelmsford Mass

15 Filed July 2, 1920 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 1 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1920, to June 30, 1920, that I last saw her alive on June 30, 1920, and that death occurred, on the date stated above, at 10 P m. The CAUSE OF DEATH was as follows:
Tamponade

CONTRIBUTORY
(SECONDARY)

18 Where was disease contracted if not at place of death?.....
Did an operation precede death?..... Date of.....
Was there an autopsy?.....
What test confirmed diagnosis?.....

(Signed) Frank E. Phelan, M.D.

(Address) West Chelmsford

Date July 2 1920
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Patrick's Lowell
(Cemetery) (City or town)

DATE OF BURIAL July 3, 20

20 UNDERTAKER John I. Menough 176 ADDRESS Gorham

Official position Town Clerk Date of issue of permit July 3, 1920 No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Senile," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

62

Years

Months

Days

If LESS than

If STILLBORN, enter that fact here

If STILLBORN, state period of uterogestation

months

1 day, ... hrs.

or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)
(State or country)10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 Burial permit
issued byOfficial
position22 Date of
issuePermit
No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Probable Cerebral Apoplexy due
to Arterio-Sclerosis; found dead in
woods

(See reverse side for description for unknown person)

18 Where was injury sustained
if not at place of death?

(Signed)

Thomas P. Smith, M.D.

(Address)

107 Merrimack St., Lowell

Medical Examiner for

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

(Month) (Day) (Year)

20 UNDERTAKER

ADDRESS

22 Date of
issuePermit
No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal gangloid) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Mdx

State

Mass.

Registered No.

38

City or Town

Chelmsford

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Donald Alcorn

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

So Chelmsford

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

✓

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

✓

6 DATE OF BIRTH

July

(Month)

5 1920

(Day)

(Year)

7 AGE

0

Years

0

Months

2

Days

If LESS than

If STILLBORN, enter that fact here

1 day,.....hrs.

If STILLBORN, state period of uterogestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)
(State or country)South Chelmsford
Mass.10 NAME OF
FATHER

James T. E. Alcorn

11 BIRTHPLACE OF
FATHER (City)

(State or country)

New Brunswick

12 MAIDEN NAME
OF MOTHER

Martha M. Cromwell

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

New Brunswick

14

Informant

J. T. E. Alcorn

(Address)

So Chelmsford

15

Filed

July 17, 1920

(Month) (Day) (Year)

Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July

(Month)

17

(Day)

1920

(Year)

17

HEREBY CERTIFY, That I attended deceased from

July 18, 1920, to July 17, 1920,
that I last saw him alive on July 16, 1920,

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH was as follows:

Patent Foramen Ovale
Premature

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of.....

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Arthur T. Scoboria, M.D.

(Address) Chelmsford, Mass.

Date July 17, 1920.

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Hart Pond Cemetery, Chelmsford

(Cemetery)

(City or town)

July 17

20 UNDERTAKER

ADDRESS

Walter Berham

Chelmsford

Official
position

Torn Clerk

Date of
issue

July 17, 1920

Permit

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (o) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer, Farm laborer, Laborer—Cool mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Corcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 29, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Index* State *Mass* Registered No. *39*
County.....
City or Town *Chelmsford* No..... St..... Ward.....
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Eliza J. Nilsson* (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *Rumford Mill Rd.* St..... Ward.....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred *5* years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5a If married, widowed, or divorced *Widowed* of *Jonas Nilsson* (or) WIFE of
6 DATE OF BIRTH *Sept (24?) 1866* (Month) (Day) (Year)
7 AGE *53* Years *10* Months - Days If LESS than 1 day,.....hrs. or.....min.
If STILLBORN, enter that fact here
If STILLBORN, state period of uterogestation.....mos.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at home*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City) *Illinois*
(State or country)

10 NAME OF FATHER *Henry J. Judge*
11 BIRTHPLACE OF FATHER (City) *England*
(State or country)
12 MAIDEN NAME OF MOTHER *Eliza Byggs*
13 BIRTHPLACE OF MOTHER (City) *England*
(State or country)

14 Informant *Jonas Nilsson*
(Address) *Chelmsford*

15 Filed *July 27 1920* *Edward J. Robbins* REGISTRAR
(Month) (Day) (Year)

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *Edward J. Robbins*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 24 1920*
(Month) (Day) (Year)

17 HEREBY CERTIFY, That I attended deceased from *July 24*, 19*20*, to *July 24*, 19*20*, that I last saw her alive on *July 24*, 19*20*, and that death occurred, on the date stated above, at *11:20 P.* m.

The CAUSE OF DEATH was as follows:

Angina Pectoris

CONTRIBUTORY (SECONDARY)

(duration).....yrs.....mos.....ds.
18 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of.....

Was there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *Arthur G. Scovron*, M.D.

(Address) *Chelmsford, Mass.*

Date *July 26 1920*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Pine Ridge Chelmsford*
(Cemetery) (City or town) DATE OF BURIAL *July 27 1920*

20 UNDERTAKER *Walter Perkins* ADDRESS *Chelmsford*

Official position *Town Clerk* Date of issue of permit *Permit* No.....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 74, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

57
 Lowell
 (City or town)

1 PLACE OF DEATH

County MiddlesexState MassCity or Town Lowell

Registered No.

(Place of death)

Registered No.

(Place of residence)

No. Lowell Gen. Hosp. St., 7 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mathilda Bengtson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

(Usual place of abode)

City or Town ChelmsfordNo. Schools

St.

Length of residence in city or town where death occurred

years

months

5 days

How long in U. S., if of foreign birth?

39

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAlexander A.

6 DATE OF BIRTH (month, day, and year)

Feb. 18, 1873

7 AGE

Years

Months

Days

47 4 29

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Sweden

PARENTS

10 NAME OF FATHER

Parson

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Sweden

12 MAIDEN NAME OF MOTHER

Cannot be learned

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Sweden

14

Informant
(Address)Husband
Chelmsford, Mass.

15

Filed

July 26, 1920

Filed

Aug 9, 1920

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

July 17, 1920

17

I HEREBY CERTIFY, That I attended deceased from

July 12, 1920, to July 17, 1920that I last saw her alive on July 17, 1920and that death occurred, on the date stated above, at 3:45 m.

The CAUSE OF DEATH* was as follows:

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES,
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL,
SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)Surgical Shock

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Fibroid, Tumor ofUterus (duration) yrs. mos. ds.18 Where was disease contracted
if not at place of death?Did an operation precede death? Yes Date of July 12, 1920Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. H. Gage, M.D.747 1920 (Address) Lowell St.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Chelmsford, Mass. July 19, 1920

20 UNDERTAKER

ADDRESS

Wm. H. Saunders Lowell

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," ("Con- genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-mus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-birth or miscarriage, as "Puerperal septicaemia," "Puer-peral, peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to de- termine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Middlesex County State Mass. Registered No. 441
 City or Town Lowell No. East Chelmsford St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Helen P. Wright
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Bellucci
 (Usual place of abode)

St. — Ward. —
 (If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

If STILLBORN, enter that fact here

1 day, — hrs.

If STILLBORN, state period of gestation — mos.

or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)
(State or country)10 NAME OF
FATHER

Charles P. Wright

11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER

Maud. Brown

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

July 31, 1920

(Month) (Day) (Year)

Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edward J. Robbins

Official position

Town Clerk

22 Date of issue of burial or transit permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July
 (Month)

29
 (Day)

1920
 (Year)

17

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

July 29, 1920

and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

Arteriosclerosis

(duration) — yrs. — mos. — ds.

CONTRIBUTORY
(SECONDARY)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no

Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed)

H. M. Ginsburg M.D.

(Address)

250 Westford St.

Date

July 29, 1920
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Edison Cemetery
 (Cemetery)

(City or town)

DATE OF BURIAL

Aug 30, 1920

20 UNDERTAKER

Wm G. Mack

ADDRESS

250 Westford St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH

County

Middlesex

State

Mass.

City or Town

Howell

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St. John's Hosp.

St., 9 Ward

2 FULL NAME

Marie Louise Belavice

(a) Residence. State

Mass.

City or Town

Chelmsford

No.

St.

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if foreign, list

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

William

6 DATE OF BIRTH (month, day, and year)

Nov. 19, 1892

7 AGE

Years

Months

Days

If LESS than

27

8

11

1 day, ...hrs.

If STILLBORN, enter that fact here

or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

Howell

(State or country)

Mass.

PARENTS

10 NAME OF FATHER

Francis J. Traversy

11 BIRTHPLACE OF FATHER (city or town)

Canada

(State or country)

12 MAIDEN NAME OF MOTHER

Cannot be learned

13 BIRTHPLACE OF MOTHER (city or town)

Canada

(State or country)

14

Informant (Address)

Chelmsford, Mass.

15

Filed

Aug. 2, 1920

Registrar of city or town where death occurred

Filed

Aug. 9, 1920

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

July 30, 1920

17

I HEREBY CERTIFY, That I attended deceased from

July 24, 1920, to July 30, 1920, that I last saw her alive on July 30, 1920.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Tubercular Colapso

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arthur J. DeGrazia, M.D.

7-31, 1920 (Address) Chelmsford

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Joseph, Chelmsford, Aug. 2, 1920

20 UNDERTAKER

ADDRESS

A. Archambault, Howell

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH

County Middlesex State Mass

City or Town Lowell

Registered No. 1113
(City or town)
(Place of death)

Registered No. 113
(Place of residence)

No. Lowell Gen. Hosp. St. Ward 9
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. State Mass. City or Town Chelmsford
(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 1, 1920

7 AGE Years Months Days If LESS than I day, ... hrs. or ... min.
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lowell
(State or country) Mass.

10 NAME OF FATHER Heroy T.

11 BIRTHPLACE OF FATHER (city or town) Chelmsford
(State or country) Mass.

12 MAIDEN NAME OF MOTHER Kelle Axworthy

13 BIRTHPLACE OF MOTHER (city or town) Ed. Island
(State or country)

14 Informant Father
(Address) Chelmsford Mass

15 Filed Aug 3, 1920 Stephen Lynn (P)
Registrar of city or town where death occurred
Filed Aug 20, 1920 Edward J. Robbins
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1, 1920

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1920 to Aug. 1, 1920.
that I last saw him alive on Aug. 1, 1920.

and that death occurred, on the date stated above, at 11 p.m.
The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. P. Gage, M.D.
Aug 3, 1920 (Address) Lowell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Riverside Chelmsford DATE OF BURIAL Aug. 3, 1920

20 UNDERTAKER Geo. W. Healey ADDRESS Lowell

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Broncho pneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Colic," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

55

1 PLACE OF DEATH

County MiddlesexState Mass.Registered No. 44City or Town CheneyNo. PrivateSt. CheneyWard Cheney

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Cyrus S. Capelle

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. HighSt. CheneyWard. Cheney

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

21

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Mary S. Capelle

6 DATE OF BIRTH

March4

(Day)

1848

(Year)

7 AGE

Years

Months

Days

If LESS than

72429

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

machinist in

(b) Name of employer

Charlestown Navy Yard

9 BIRTHPLACE (City)

Seymour Mass.

(State or country)

10 NAME OF FATHER

Curtis Capelle

11 BIRTHPLACE OF FATHER (City)

Reppel Mass.

(State or country)

12 MAIDEN NAME OF MOTHER

Mary Augusta Brown

13 BIRTHPLACE OF MOTHER (City)

Concord Mass.

(State or country)

14

Informant

(Address)

Miss Elizabeth Wentworth
Cheney Mass.

15

Filed

(Month)

Aug. 3

(Day)

1920

(Year)

Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 2

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Aug 2, 1920, to Aug 2, 1920.that I last saw h..... alive on Aug 2, 1920.and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH was as follows:

Emphysema
of Lungs(duration) 1 yrs.....mos.....ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs.....mos.....ds.

18 Where was disease contracted if not at place of death?

U. S. Army

Did an operation precede death?

Date of 1

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

Frank S. Phillips

M.D.

(Address)

North Chelmsford

Date

Aug 2

(Month)

(Day)

1920

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Seymour

(Cemetery)

(City or town)

DATE OF BURIAL

Aug. 41920

20 UNDERTAKER

Arthur A. Marshall & Son

ADDRESS

Seymour

Official position

Town Clerk

Date of issue of permit

Aug. 3

Permit

No. 1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Middlesex

State

Mass

Registered No.

45

City or Town

Chelmsford

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charlotte Araminta Stevens

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

Chelmsford

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Single*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of☒

6 DATE OF BIRTH

*Oct**31**1897*

(Month)

(Day)

(Year)

7 AGE

72

Years

9

Months

7

Days

If LESS than

If STILLBORN, enter that fact here

I day,.....hrs.

If STILLBORN, state period of uterogestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*at home*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)

Chelmsford

(State or country)

10 NAME OF
FATHER*Jacob
E. Stevens*11 BIRTHPLACE OF
FATHER (City)*Shelburne*

(State or country)

*Vt.*12 MAIDEN NAME
OF MOTHER*Surviah Parkhurst*13 BIRTHPLACE OF
MOTHER (City)*Chelmsford*

(State or country)

Mass.

14

Informant

Mrs. J. W. Moore

(Address)

39 Chelms. St. Newton Highlands

15

Filed

Aug. 9, 1920

(Month)

(Day)

(Year)

Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued*Edward J. Robbins*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

*August**7th**1920*

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

*July 30th**1920*

to

*Aug. 7th**1920*

that I last saw her alive on

*Aug. 6th**1920*and that death occurred, on the date stated above, at *4.30 a.m.*

The CAUSE OF DEATH was as follows:

Acute Myocarditis(duration).....yrs.....mos. *8* ds.CONTRIBUTORY
(SECONDARY)*Thrombosis of leg.*(duration).....yrs.....mos. *7* ds.18 Where was disease contracted
if not at place of death?Did an operation precede death? *No.* Date of *X*Was there an autopsy? *No.*

What test confirmed diagnosis?

(Signed)

Amasa Howard

M.D.

(Address)

Chelmsford Mass.

Date

*Aug.**9th**1920*

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Honewick

(Cemetery)

Chelmsford

(City or town)

DATE OF BURIAL

Aug 9, 1920

20 UNDERTAKER

Walter Carham

ADDRESS

*Chelmsford.*Date of
issue
of permit

Permit

Official
position*Town Clerk**Aug 9, 1920*

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. This question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the MISERABLE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Nephritis*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Necrosis* (disease causing death), *20 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Prenatal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of this city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for this observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelmsford
(City or Town)
Registered No. 46

1 PLACE OF DEATH

County

Middlesex

State

Mass

Registered No.

City or Town

Chelmsford

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jennie S. Bean

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Chelmsford

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

10

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

John W. Bean

6 DATE OF BIRTH

Jan 9 - 1841

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

79

6

28

1 day,..... hrs.
or..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) Name of employer

9 BIRTHPLACE (City)

England

(State or country)

PARENTS

10 NAME OF FATHER

Samuel Smith

11 BIRTHPLACE OF FATHER (City)

England

(State or country)

12 MAIDEN NAME OF MOTHER

Sophia Messenger

13 BIRTHPLACE OF MOTHER (City)

England

(State or country)

14

Informant

Nelson G. Bean

(Address)

Chelmsford

15

Filed

Aug. 8 1920

(Month) (Day) (Year)

Edmund J. Robson

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edmund J. Robson

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 7 - 1920

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Aug 2, 1920, to Aug 7, 1920

that I last saw her alive on Aug 2, 1920

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH was as follows:

Arterio-sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) W. H. Sherman, M.D.

(Address) Wyman & Co. Lowell

Date Aug 8, 1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Edson

Lowell

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 9 1920

20 UNDERTAKER

W. Herbert Blake

ADDRESS

Lowell

Official position

Don Clark

Date of issue of permit

Aug 8 1920

Permit No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH (ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)
 County Middlesex State Mass Registered No. 1146 Registered No. 47
 City or Town Howell (Place of death) (Place of residence)
No. 1146 Corp. How. St. 6 Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Martha Meehan
 (If in the Army or Navy of the United States, give rank, or organization, etc.)
 (a) Residence. No. Billericie Rd. St. St. Ward Chelmsford Mass.
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert J.
 6 DATE OF BIRTH Feb. 29, 1871
 (Month) (Day) (Year)
 7 AGE 49 Years 5 Months 10 Days If LESS than 1 day, ... hrs. or min.
 If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9 BIRTHPLACE (City) Howell
 (State or country) Mass.

10 NAME OF FATHER James A. Stackpole
 11 BIRTHPLACE OF FATHER (City) Can not be learned
 (State or country)
 12 MAIDEN NAME OF MOTHER Ellen Stone
 13 BIRTHPLACE OF MOTHER (City) Can not be learned
 (State or country)

14 Informant Husbands
 (Address) Chelmsford Mass.

15 Filed Aug 9, 1920 Stephen Flynn
 Registrar of city or town where death occurred
 Filed Aug 20, 1920 Edward J. Robbin
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 8, 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Burns by boiling water
accidentally splashed
by boiling water while
lifting boiler from
stove.

(See reverse side for additional space)

18 Where was injury sustained, if not at place of death? Billericie Rd. Chelmsford

(Signed) Thomas B. Smith, M.D.

(Address) Howell

Medical Examiner for 3rd Dist. Middlesex
 Date August 8, 1920
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL First Ridge Chelmsford DATE OF BURIAL Aug. 11, 1920
 (Month) (Day) (Year)

20 UNDERTAKER Walter Ferham Chelmsford ADDRESS

21 Burial permit issued by
 Official position

22 Date of issue

MARGIN RESERVED FOR BINDING

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EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise

a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during the previous month, if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County MiddlesexState Mass.Registered No. 48City or Town ChelmsfordNo. Second St.St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Dollard

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Second St.St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWilliams

6 DATE OF BIRTH

(Month)

(Day)

1887
(Year)

7 AGE

Years

Months

Days

53

If LESS than

I day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home

(b) Name of employer

9 BIRTHPLACE (City)

Lowell

(State or country)

10 NAME OF
FATHERThomas McDonough11 BIRTHPLACE OF
FATHER (City)Ireland

(State or country)

12 MAIDEN NAME
OF MOTHERMary Watson13 BIRTHPLACE OF
MOTHER (City)Ireland

(State or country)

14

Informant

Mr. James Dollard

(Address)

15

Filed

(Month)

(Day)

(Year)

Aug 14, 1920 Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August

(Month)

12

(Day)

1920

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan. 3rd, 1920, to Aug. 12, 1920,that I last saw her alive on Aug. 12, 1920,and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH was as follows:

Acute Enteritis

(duration)

yrs.

mos.

12 ds.CONTRIBUTORY
(SECONDARY)Arteriosclerosis withthrombosis in brain

(duration)

yrs.

mos.

8 ds.18 Where was disease contracted
if not at place of death?XDid an operation precede death? No. Date of XWas there an autopsy? No.

What test confirmed diagnosis?

Pathological symptoms.

(Signed)

Amasa Howard, M.D.

(Address)

Chelmsford Mass.

Date

Aug.12

(Month)

(Day)

1920

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Patrick's

(Cemetery)

Lowell

(City or town)

DATE OF BURIAL

Aug 14, 20

20 UNDERTAKER

J. L. McDonough

ADDRESS

176 GorhamOfficial
positionTom ClarkDate of
issue
of permitAug. 14, 1920Permit
No.No.

MARGIN RESERVED FOR BINDING

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner* (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 82, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Middlesex State Mass Registered No. 49
 City or Town Chelmsford No. Second St St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John E. Wrigley Jr.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Second St. St. Ward.
 (Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR
 DIVORCED (write the word) single

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of6 DATE OF BIRTH June 27 1920
 (Month) (Day) (Year)

7 AGE Years Months Days If LESS than
1 16 1 day.....hrs.
 or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
 particular kind of work none
 (b) Name of employer

9 BIRTHPLACE (City) Lowell
 (State or country)10 NAME OF FATHER John E. Wrigley11 BIRTHPLACE OF FATHER (City) New Brunswick
 (State or country)12 MAIDEN NAME OF MOTHER Mary A. Dollard13 BIRTHPLACE OF MOTHER (City) Lowell
 (State or country)14 Informant John E. Wrigley
 (Address) Chelmsford Ct. Mass.15 Filed Aug 14 1920 Edward J. Robbing
 (Month) (Day) (Year) REGISTRAR21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
 BEFORE the burial or transit permit was issued Edward J. Robbing

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 13 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
Aug. 6, 1920, to Aug. 13, 1920,
 that I last saw him alive on Aug. 12, 1920,
 and that death occurred, on the date stated above, at 2 a m.
 The CAUSE OF DEATH was as follows:

Cholera Infantum(duration) yrs..... mos. 7 ds.CONTRIBUTORY
 (SECONDARY)

(duration) yrs..... mos..... ds.

18 Where was disease contracted
 if not at place of death?Did an operation precede death? No. Date of XWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Amasa Howard, M.D.(Address) Chelmsford Mass.Date Aug. 13 1920
 (Month) (Day) (Year)19 PLACE OF BURIAL, CREMATION, OR REMOVAL
St. Patrick's Lowell
 (Cemetery) (City or town)DATE OF BURIAL
Aug 14, 2020 UNDERTAKER
John L. McDonough 176ADDRESS
GorhamOfficial Town Clerk position Date of issue of permit Aug 14 1920 No. Permit

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWE.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred

25 years

months

days

How long in U. S., if of foreign birth?

25 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

56 Years

Months

Days

If LESS than

If STILLBORN, enter that fact here

1 day, hrs.

If STILLBORN, state period of uterogestation mos.

or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

At Home

9 BIRTHPLACE (City)

(State or country)

Ireland

10 NAME OF
FATHER

Timothy Bryan

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

12 MAIDEN NAME
OF MOTHER

Bridget Layden

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

14

Informant
(Address)Mary Bryan
East Chelmsford

15

Filed

Aug. 17, 1920

Edward J. Robb

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Edward J. Robb

Official
position

Tomb Clerk

Date of
issue
of permit

Aug. 17, 1920

Permit
No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 16

(Month)

(Day)

20

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

June 28, 1920, to Aug 16, 1920,

that I last saw her alive on Aug 15, 1920,

and that death occurred, on the date stated above, at 12:40 p. m.

The CAUSE OF DEATH was as follows:

Chronic nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

J. J. McEgan

M.D.

(Address)

228 W. 11th

Date

Aug 17th, 1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St Patrick Lowell

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 18/20

20 UNDERTAKER

Higgins Bros 415 Lawrence St

ADDRESS

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Senile," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE WEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County Msx. State Mass. Registered No. 51
 City or Town Chelmsford No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert Franklin Smith

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 years _____ months _____ days _____
 How long in U. S., if of foreign birth? _____ years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5a If married, widowed, or divorced HUSBAND of Cora B. Smith (or) WIFE of _____
 6 DATE OF BIRTH Aug. 15 1864 (Month) (Day) (Year)
 7 AGE 56 Years 0 Months 5 Days If LESS than 1 day, _____ hrs. or _____ min.
 If STILLBORN, enter that fact here _____
 If STILLBORN, state period of gestation _____ mos.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work stone cutter
 (b) General nature of industry, business, or establishment in which employed (or employer) (retired)
 (c) Name of employer _____

9 BIRTHPLACE (City) Leeds
 (State or country) N. Y.

10 NAME OF FATHER George Smith
 11 BIRTHPLACE OF FATHER (City) Leeds
 (State or country) N. Y.
 12 MAIDEN NAME OF MOTHER not known
 13 BIRTHPLACE OF MOTHER (City) N. Y. State
 (State or country) _____

14 Informant Mrs. R. F. Smith
 (Address) Chelmsford Mass.

15 Filed Aug 20, 1920 Edward J. Robbins
 (Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 20 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov., 1919, to Aug-20, 1920,
 that I last saw him alive on Aug 19, 1920,
 and that death occurred, on the date stated above, at 1 a.m.
 The CAUSE OF DEATH was as follows:

Cirrhosis of Liver.

CONTRIBUTORY
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.
 18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No. Date of X

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Amasa Howard, M.D.

(Address) Chelmsford Mass.

Date August 20 1920
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Pine Ridge Chelmsford
 (Cemetery) (City or town) DATE OF BURIAL Aug. 21 1920

20 UNDERTAKER Walter Perham ADDRESS Chelmsford

Official position Town Clerk Date of issue of permit Aug 29 1920 Permit No. _____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

3-20. 20,000.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1919, to Aug 28, 1920

that I last saw him alive on Aug 30, 1920

and that death occurred, on the date stated above, at 12.30 P. M.

The CAUSE OF DEATH was as follows:

Disseminated Cerebro-spinal Sclerosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

H. J. Halloran, M.D.

(Address)

718 Runkle Bldg

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Patrick's Cemetery
(Cemetery)Roxbury
(City or town)

Aug 31, 1920

20 UNDERTAKER

ADDRESS

A. Archambault 34 Hurst St.

Official
position

Town Clerk

Date of
issue
of permit

Aug 30, 1920

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Adopted by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 86.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
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- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Middlesex

State

Mass.

Registered No.

53

City or Town

Rox. Chelmsford

No.

Middlesex

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lillian Touseignant

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Middlesex

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Mar 15 - 1920

(Month)

(Day)

(Year)

7 AGE

Years

5 Months

10 Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

Lowell

(State or country)

Mass

10 NAME OF
FATHER

Mederic Touseignant

11 BIRTHPLACE OF
FATHER (City)

St. Philomena

(State or country)

P. I.

12 MAIDEN NAME
OF MOTHER

Felixie Mercier

13 BIRTHPLACE OF
MOTHER (City)

St. Marie

(State or country)

P. I.

14

Informant

Mederic Touseignant

(Address)

Rox. Chelmsford

15

Filed

Aug 29 1920 Edward J. Robbins

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug. 28 - 1920

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Aug 24, 1920, to Aug 28, 1920,

that I last saw him alive on Aug 28, 1920,

and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH was as follows:

Cholera Infantum

(duration) yrs. mos. 7 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Fred E. Harney

M.D.

(Address)

North Chelmsford

Date

Aug. 29 1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Joseph's Chelmsford

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 29 20

20 UNDERTAKER

J. Albert

ADDRESS

171 Aiken

Official position Comm. Clerk

Date of
issue
of permit

Aug 29 1920

Permit

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

(City or Town)

1 PLACE OF DEATH

County

Middlesex

State

Mass.

Registered No.

54

City or Town

Chelsea

No.

Coronet Lake

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edmund Robinson

(a) Residence. No.

110 Lowell

(Usual place of abode)

St.

Ward.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

13

years

months

days

How long to U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Dec 8

1910

(Month)

(Day)

(Year)

7 AGE

19 Years

8 Months

27 Days

If LESS than
1 day, ... hrs.
or mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

U.S. Partridge Co.

(b) Name of employer

9 BIRTHPLACE (City)

Framingham

(State or country)

N.Y.

10 NAME OF
FATHER

Alfred Robinson

11 BIRTHPLACE OF
FATHER (City)

St. Charles, Mass.

(State or country)

P.2.

12 MAIDEN NAME
OF MOTHER

Emilie Belanger

13 BIRTHPLACE OF
MOTHER (City)

Framingham

(State or country)

P.2.

14

Informant

Alfred Robinson

(Address)

110 Lowell

15

Filed

Sept. 8 1920 Edward J. Robbins

(Month) (Day) (Year)

REGISTRAR

21

Burial permit
issued by

Edward J. Robbins

Official
position

Tom Clark

22

Date of
issue

Sept 8 1920

Permit
No.

ADDRESS

71 Aiken

19 PLACE OF BURIAL, CREMATION, or REMOVAL

St. Joseph's Chelsea

(Cemetery)

(City or town)

DATE OF BURIAL

Sept 8-20

(Month) (Day) (Year)

20 UNDERTAKER

J. Albert

22

Date of
issue

Sept 8 1920

Permit
No.

ADDRESS

71 Aiken

MARGIN RESERVED FOR BINDING

3-20, 10,000.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

a description of such person, as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

Original Certificate

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or Town)

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

if LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER

11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

July 4, 1920, to Sept. 6, 1920,

that I last saw him alive on Sept. 6, 1920,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH was, as follows:

Endocarditis
thrombosis (Venous)
of right leg - several years -
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Embolism a few minutes
(duration) rs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Arthur G. Scoboria, M.D.,

(Address) Chelmsford Mass.

Date Sept. 7, 1920.

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Edson

Lowell

Sept 9 1920

(Cemetery)

(City or town)

20 UNDERTAKER

ADDRESS

W. Hubert Blake

Lowell.

Official position Comm. Clerk

Date of
issue
of permit

Sept 8, 1920

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 30 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "TUBERULAR septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 83.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

If STILLBORN, enter that fact here

1 day, 12 hrs.

If STILLBORN, state period of uterogestation mos.

or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month)

(Day)

(Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stand-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

that I last saw h

alive on

(Month)

(Day)

(Year)

and that death occurred, on the date stated above, at 1-30 a.m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY
(SECONDARY)18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Official position

Date of
issue
of permit

Permit

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REvised UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Plowman, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return *Miner*, *Foreman*, *Manager*, *Deputy*, etc., without more precise specification, as *Dog laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Coronary, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia", "Anemia" (merely symptomatic), "Atrophy", "Congenital", "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Inanition", "Marasmus", "Old age", "Shock", "Uremia", "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia", "PUERPERAL peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

68

(City or town)

1 PLACE OF DEATH
 County North Chelmsford State Mass. Registered No. 57
 Township Chelmsford or Village _____ or _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jameson Bennett Johnston
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. 16 Gay St. St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 17, 1920.

7 AGE Years _____ Months _____ Days _____ If LESS than 1 day, 3 hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) North Chelmsford
 (State or country) Mass.

PARENTS
 10 NAME OF FATHER Thomas Johnston
 11 BIRTHPLACE OF FATHER (city or town) Sarkball
 (State or country) Scotland
 12 MAIDEN NAME OF MOTHER Annie McKnight
 13 BIRTHPLACE OF MOTHER (city or town) Morningside
 (State or country) Scotland

14 Informant Thomas Johnston
 (Address) 16 Gay St. North Chelmsford

15 Filed Sept. 18, 1920 Edmund J. Robbins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 17 1920

17 I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to Sept. 17, 1920.

that I last saw him alive on Sept. 17, 1920.

and that death occurred, on the date stated above, at 10-30 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth.
3 hours.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
 (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Ed. E. Varney, M.D.

1919 (Address) North Chelmsford Mass.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Woodsbury North Chelmsford Sept. 18 1920

20 UNDERTAKER

ADDRESS

Woodsbury North Chelmsford 16 Gay St.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc.; *Carcinoma*, *Sarcoma*, etc., of----- ("name origin"; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Colapse," "Coma," "Convulsions," "Debility," ("Colic," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:
1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Middlesex*State *Mass*Registered No. *58*City or Town *North Chelmsford*No. *1**Dunstable Road*St. *—*Ward *—*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *James F Trubey*

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *1*

(Usual place of abode)

St. *—*Ward. *—*

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *50* years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Widowed*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Ann Trubey*6 DATE OF BIRTH *Jan 22 1841*

(Month)

(Day)

(Year)

7 AGE *79* Years*8* Months*17* Days

If LESS than

If STILLBORN, enter that fact here

1 day, ... hrs.

If STILLBORN, state period of uterogestation mos.

or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work *Retired*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City) *Ireland*

(State or country)

10 NAME OF
FATHER *John Trubey*11 BIRTHPLACE OF
FATHER (City) *England*

(State or country)

12 MAIDEN NAME
OF MOTHER *Mary Weber*13 BIRTHPLACE OF
MOTHER (City) *England*

(State or country)

14

Informant *John Trubey*(Address) *North Chelmsford*

15

Filed *Oct. 12 1920*

(Month) (Day) (Year)

Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued*Edward J. Robbins*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *October 9 1920*

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

*Oct. 1, 1920, to Oct. 9, 1920,*that I last saw him alive on *Oct. 9, 1920,*

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

*Cerebral Hemorrhage*CONTRIBUTORY
(SECONDARY) *High Blood Pressure*

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date of Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Fred E. Barney*

M.D.

(Address) *North Chelmsford*Date *Oct. 9 1920*

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Brine side North Chelmsford

(Cemetery)

(City or town)

Oct 12

20 UNDERTAKER

ADDRESS

*John A. Weinbach**Lowell Mass*Official
position *Town Clerk*Date of
issue
of permit *Oct. 12 1920*Permit
No. *—*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer* — *Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misadventure, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. Those include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Worcester
Chelmsford

State

Mass

Registered No.

59

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Infant Ducharme

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

R. 12

Box 76

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Oct 10 1920
(Month) (Day) (Year)

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

Stillborn

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

Chelmsford
Mass

(State or country)

10 NAME OF
FATHER

Timothe' Ducharme

11 BIRTHPLACE OF
FATHER (City)

St. Eustache
Canada

(State or country)

12 MAIDEN NAME
OF MOTHER

Alma Bedard

13 BIRTHPLACE OF
MOTHER (City)

Mont. Carmel
Canada

(State or country)

14

Informant
(Address)

Timothe' Ducharme
Chelmsford

15

Filed

Oct. 13, 1920
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edmond J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct. 10 1920
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from

Oct. 10 1920, to *Oct. 10, 1920*.
dead when born
that I last saw him alive on 19.....

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH was as follows:

Still born

CONTRIBUTORY

(SECONDARY)

18 Where was disease contracted
if not at place of death?

Did an operation precede death? *no.* Date of.....

Was there an autopsy? *no.*

What test confirmed diagnosis?

(Signed) *Arthur H. Scoboria*, M.D.

(Address) *Chelmsford, Mass.*

Date *Oct. 10 1920*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Joseph Chelmsford
(Cemetery) (City or town)

DATE OF BURIAL

Oct 14 1920

20 UNDERTAKER

Joseph Albert

ADDRESS

171 Arden

Official position

Tom Clark

Date of issue of permit

Oct. 13, 1920

Permit No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *A automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningies, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

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- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or Town)

Registered No.

City or Town

No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Oct. 16, 1920, to Oct. 22, 1920,

that I last saw him alive on Oct. 21, 1920,

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH was as follows:

Pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Followed influenza

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood test

(Signed) Fred E. Varney, M.D.

(Address) North Chatham

Date Oct. 22, 1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Graveside No. Chatham

Oct. 22, 1920

20 UNDERTAKER

ADDRESS

Higginson, Brown

14 Spring St.

Official
position

Tom Clark

Date of
issue
of permit

Oct 23, 1920 No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia."); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 29, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

North Chelmsford

(City or Town)

1 PLACE OF DEATH

County Middlesex State Mass. Registered No. 61City or Town No. Chelmsford No. Washington St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George W. Whidden

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Washington St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine M. Cowan6 DATE OF BIRTH Jan. 13, 1839
(Month) (Day) (Year)7 AGE Years Months Days If LESS than
81 9 17 1 day,..... hrs.
or..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired(b) Name of employer Supt. Ice Co.9 BIRTHPLACE (City) Westford
(State or country) Mass.10 NAME OF FATHER Joshua Whidden11 BIRTHPLACE OF FATHER (City) Unknown
(State or country)12 MAIDEN NAME OF MOTHER Martha Fletcher13 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)14 Informant Catherine M. Whidden
(Address) No. Chelmsford, Mass.15 Filed Nov 1 1920 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 30, 1920
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June, 1919, to Oct-28, 1920,
that I last saw him alive on Oct-28, 1920.

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Myocarditis
with Bronchitis
(duration).....yrs.....mos.....ds.CONTRIBUTORY
(SECONDARY)

(duration).....yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Frank E. Phillips, M.D.(Address) No. ChelmsfordDate Oct 30, 1920
(Month) (Day) (Year)19 PLACE OF BURIAL, CREMATION, OR REMOVAL Riverside No. Chelmsford Nov. 1, 20
(Cemetery) (City or town)DATE OF BURIAL
ADDRESS
217 APPLETON ST.
Lowell, Mass.20 UNDERTAKER Wm H. SaundersOfficial position Comm. Clerk Date of issue of permit Nov. 1, 1920 Permit No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If relieved from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Premia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or Town)

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

30th

(Day)

1920

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Oct 26th

1920

to

Oct 30th

1920

that I last saw him alive on

Oct 29th

and that death occurred, on the date stated above, at

7.9 a.m.

The CAUSE OF DEATH was as follows:

Cardio-renal disease

CONTRIBUTORY
(SECONDARY)

(duration) 3 yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

No.

Date of

Was there an autopsy?

No.

What test confirmed diagnosis?

(Signed) James J. Shanahan, M.D.

(Address)

175 Central St.

Date

Oct

(Month)

30th

(Day)

1920

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Hudson, N.H.

Hudson, N.H.

Nov 2nd 1920

(Cemetery)

(City or town)

20 UNDERTAKER

ADDRESS

Edw. J. Robb

Lowell, N.H.

Official
position

Comm. Clerk

Date of
issue
of permit

Nov 1, 1920

Permit

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a simple word or term on the first line will be sufficient, e. g., *Farmer* or *Plowler*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Necrosis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Senile," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT Tewksbury
(City or town)

1 PLACE OF DEATH

County Middlesex State MassachusettsRegistered No. 336
(Place of death)City or Town Tewksbury No. State Infirmary St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. 63
(Place of residence)2 FULL NAME Joseph Niezeiela t. n. Niedziela
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. State Massachusetts City or Town Chelmsford No. St.
(Usual place of abode)Length of residence in city or town where death occurred _____ years _____ months 21 days How long in U. S., if of foreign birth? 8 years 4 months 1 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE _____ 5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Male White Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH (month, day, and year) Mar. 2, 18957 AGE Years Months Days If LESS than
25 7 8 1 day, _____ hrs.
or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Laborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Poland10 NAME OF FATHER Albert Niedziela11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland12 MAIDEN NAME OF MOTHER Cecelia Papuzynski13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland14 Informant Hospital Records.
(Address)15 Filed 10/11/1920
Nov. 19 20 Registrar of city or town where death occurred
Filed 19 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 10th 2017 I HEREBY CERTIFY, That I attended deceased from
Sept. 19, 1920, to Oct. 10, 1920,that I last saw him alive on Oct. 10, 1920,and that death occurred, on the date stated above, at 1:45 P.m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES,
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL,
SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)Tuberculosis of Lungs.(duration) 2 yrs. _____ mos. _____ ds.CONTRIBUTORY
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? NO Date of _____Was there an autopsy? NOWhat test confirmed diagnosis? Sputum TB pos.(Signed) George M. Sullivan, M.D.(Address) State Infirmary, Tewksbury
Oct. 11 1920

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Patricks, LowellOct. 12th 20

20 UNDERTAKER

ADDRESS

Joseph Gadowski, 60 Tyler St.,
Lowell, Mass.

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for in malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestant," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

96 82

(City or town)

1 PLACE OF DEATH

County Suffolk State MassachusettsRegistered No. _____
(Place of death)City or Town BOSTON No. MASS. GEN. HOSPT.Registered No. 64
(Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2 FULL NAME

LOTTIE EUDORA FISK

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town CHELMSFORD No. BILLERICA St. _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MAR.5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofLEWIS J.6 DATE OF BIRTH (month, day, and year) NOV. 14. 18867 AGE 33 Years 11 Months 12 Days If LESS than
I day, _____ hrs.
or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work AT HOME

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) LOWELL
(State or country)10 NAME OF FATHER CORTER M. ALLEN11 BIRTHPLACE OF FATHER (city or town) W. BERKSHIRE
(State or country) VT12 MAIDEN NAME OF MOTHER ELSIE R. FOSTER13 BIRTHPLACE OF MOTHER (city or town) WAITSFIELD
(State or country) VT.14 Informant L. J. FISK
(Address)15 Filed OCT. 29, 1920 E. W. M. Glenew
Registrar of city or town where death occurred
Filed 7.20.10 Edward J. Robbins
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT. 26 192017 I HEREBY CERTIFY, That I attended deceased from
OCT. 19, 1920, to OCT. 26, 1920,that I last saw him alive on OCT. 26, 1920,and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

BRONCHO-PNEUMONIA. PURULENT BRONCHITIS(duration) _____ yrs. ? mos. _____ ds.CONTRIBUTORY ACUTE PERICARDITIS
(SECONDARY)(duration) _____ yrs. ? mos. _____ ds.18 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? YES

What test confirmed diagnosis? _____

(Signed) N. W. FAXON, M.D.
, 19 20 (Address)19 PLACE OF BURIAL, CREMATION, OR REMOVAL
LOWELL (EDSON CEM.)DATE OF BURIAL
OCT. 29 19 2020 UNDERTAKER
WM. H. SAUNDERSADDRESS
LOWELL

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laboree," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *paralysed*, is indefinite; *Carcinoma*, *Sarcoma*, etc., of----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

- Cases for the Medical Examiners.**—Under the provisions of certain laws deaths under the following conditions must be referred to the Medical Examiners:
1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
 2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
 3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
 4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

MARGIN RESERVED FOR BINDING

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The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH

County Middlesex

State Mass.

City or Town Lowell

No. Lowell Gen. Hosp. St. 1 Ward 1

Registered No. 1720
(Place of death)

Registered No. 65
(Place of residence)

2 FULL NAME

Walter B. Emerson

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence. State Mass.

City or Town Chelmsford No. No. 1 Road St.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Cora Ryan

6 DATE OF BIRTH (month, day, and year)

Sept. 18, 1866

7 AGE

54 Years

Months: 1

Days: 18

If LESS than 1 day, ... hrs. or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Chelmsford
Mass.

PARENTS

10 NAME OF FATHER

Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Chelmsford
Mass.

12 MAIDEN NAME OF MOTHER

Sarah F. Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Chelmsford
Mass.

14

Informant (Address)

Wife
Chelmsford, Mass.

15

Filed

Nov. 8, 1920

Filed

Nov. 21, 1920

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Nov. 5, 1920

17

I HEREBY CERTIFY, That I attended deceased from

Oct. 30, 1920, to Nov. 5, 1920

that I last saw him alive on Nov. 5, 1920

and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Nephrosis of Left Kidney

Several

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Infection of Left Kidney

Suppression of Urine (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Autopsy

(Signed) J. Arthur Gage, M.D.

Nov. 1920 (Address) Lowell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forefathers', Chelmsford

DATE OF BURIAL

Nov. 8, 1920

20 UNDERTAKER

Wm. H. Saunders

ADDRESS

Lowell

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestant," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means or injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St.

Ward.

Length of residence in city or town where death occurred

60 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

7 AGE

84 Years

6 Months

5 Days

If STILLBORN, enter that fact here

If STILLBORN, state period of oterogestation.....mos.

If LESS than
1 day,.....hrs.
or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)
(State or country)10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

November 5 1920
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from
November 1, 1920, to November 5, 1920,

that I last saw him alive on Nov 5, 1920,

and that death occurred, on the date stated above, at 8489 a.m.

The CAUSE OF DEATH was as follows:

Bacterial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)Arterio-sclerosis.
non bacterial toxin

(duration) yrs. mos. ds.

13 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Fred E. Barney, M.D.

(Address) North Chatham

Date November 5 1920
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

Nov 8 1920

20 UNDERTAKER

ADDRESS

Official position Comm. Clerk

Date of
issue
of permit

Nov. 8, 1920

Permit

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Middlesex State Mass. Registered No. 67
 City or Town Chelmsford No. Westford Rd. St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ann Maria Batchelder

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Westford Rd. St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of Orrin S. Batchelder

6 DATE OF BIRTH Oct. 25 1831
 (Month) (Day) (Year)

7 AGE 89 Years 0 Months 12 Days
 If LESS than 1 day, _____ hrs.
 If STILLBORN, enter that fact here
 If STILLBORN, state period of uterogestation _____ mos. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9 BIRTHPLACE (City) Chelmsford, Mass.
 (State or country)

10 NAME OF FATHER Charles Swett
 11 BIRTHPLACE OF FATHER (City) Bedford N.H.
 (State or country)
 12 MAIDEN NAME OF MOTHER ANna Babcock
 13 BIRTHPLACE OF MOTHER (City) Northboro., Mass.
 (State or country)

14 Informant Mrs. E. C. Bartlett
 (Address) Chelmsford, Mass.

15 Filed Nov. 7, 1920 Edward J. Robbins
 (Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 6 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Nov. 6, 1920,
 that I last saw her alive on Nov 6, 1920,
 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

MyocarditisCONTRIBUTORY
(SECONDARY)

18 Where was disease contracted if not at place of death? _____
 (duration) _____ yrs. _____ mos. _____ ds.

Did an operation precede death? NO. Date of _____

Was there an autopsy? NO.

What test confirmed diagnosis? _____

(Signed) Arthur G. Scoboria, M.D.

(Address) Chelmsford, Mass.

Date Nov. 8 1920
 (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Riverside,
NO. Chelmsford
 (Cemetery) (City or town)

DATE OF BURIAL

Nov. 9

20 UNDERTAKER

Walter Perham, Chelmsford, Mass

ADDRESS

Official position Tom Clark

Date of issue of permit Nov. 9, 1920 Permit No. _____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "I abhorer," "Toreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not painfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of this death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of this purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

No. *Chelmsford*
(City or Town) *68*

1 PLACE OF DEATH

County *Middlesex*State *Mass.*Registered No. *79*City or Town *No. Chelmsford*No. *68*St. *68*Ward *68*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Daigle

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *No. Chelmsford*St. *68*Ward. *68*

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *4* years*4* years

months

days

How long in U. S., if of foreign birth? *35* years*35* years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Married*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Joseph Daigle*

6 DATE OF BIRTH

Sept. 15-5 1877

(Month)

(Day)

(Year)

7 AGE

Years *43*Months *2*Days *10*

if LESS than

1 day,..... hrs.

or..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*at home*

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

*Canada*10 NAME OF
FATHER*Prosper Patenaude*11 BIRTHPLACE OF
FATHER (City)

(State or country)

*Canada*12 MAIDEN NAME
OF MOTHER*Octavie Dubeau*13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Canada

14

Informant

(Address)

*Joseph Daigle
No. Chelmsford*

15

Filed

No. 27, 1920

(Month) (Day) (Year)

Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov. 25, 1920

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

*Nov 25, 1920, to Nov 25, 1920*that I last saw her alive on *Nov 25, 1920*and that death occurred, on the date stated above, at *11:30 P.M.*

The CAUSE OF DEATH was as follows:

*Cerebral Apoplexy*CONTRIBUTORY
(SECONDARY)18 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) *L. V. Rochette* M.D.(Address) *732 Merrimack*Date *Nov 28, 1920*

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Joseph E. Chelmsford

(Cemetery)

(City or town)

DATE OF BURIAL

Nov. 27, 1920

20 UNDERTAKER

Ch. Archambault

ADDRESS

Towhee

Official position

*Town Clerk*Date of
issue
of permit*Nov. 27, 1920*Permit
No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

21

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Toreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death) where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 32.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

No. *Chelmsford*
(City or Town) *80*
Registered No. *69*

1 PLACE OF DEATH

County *Middlesex* State *Mass.*City or Town *No. Chelmsford* No. *Syngsboro Road* St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Mary Ann Cummings*

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *Syngsboro Road* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *3* years *✓* months *✓* days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*4 COLOR OR RACE *White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) *Single*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Single*6 DATE OF BIRTH *Jan. 1, 1842*

(Month)

(Day)

(Year)

7 AGE

Years *78*Months *11*Days *✓*

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here *✓*

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work *House keeper*

(b) Name of employer

9 BIRTHPLACE (City)

(State or country) *Syngsboro Mass.*

PARENTS

10 NAME OF
FATHER *W. B. Cummings*11 BIRTHPLACE OF
FATHER (City)(State or country) *Syngsboro Mass.*12 MAIDEN NAME
OF MOTHER *Mary Kendall*13 BIRTHPLACE OF
MOTHER (City)(State or country) *Andover - Mass.*

14

Informant *Mrs. Ellen M. Davis*
(Address) *Syngsboro Rd. No. Chelmsford*

15

Filed *Dec. 3, 1920*
(Month) (Day) (Year)*Edward J. Robbins*
REGISTRAR21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued*Edward J. Robbins*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov. 30, 1920*

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Oct, 19*20*, to *Nov 30*, 19*20*,that I last saw her alive on *Nov 30*, 19*20*and that death occurred, on the date stated above, at *9:45 P.-m.*

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? *No* Date of Was there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *Frank E. Phillips*, M.D.(Address) *North Chelmsford*Date *Dec 1, 1920*

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Hunt
(Cemetery)*Syngsboro*
(City or town)

DATE OF BURIAL

Dec-3-1920

20 UNDERTAKER

Geo. W. Healey

ADDRESS

*79 Branch St.*Official position *Town Clerk*Date of issue *Dec 3, 1920* Permit No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningues, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Mdx

State

Mass.

Registered No.

70

City or Town

Chelmsford

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Orinda Burpee

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Littleton Rd

St.

Ward.

(Usual place of abode)

(if non-resident give city or town and State)

Length of residence in city or town where death occurred

70 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

✓

6 DATE OF BIRTH

April

29

1843

(Month)

(Day)

(Year)

7 AGE

77

Years

7

Months

7

Days

If LESS than

If STILLBORN, enter that fact here

1 day.....hrs.

If STILLBORN, state period of gestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....

at home

(b) General nature of industry,
business, or establishment in
which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (City)

Sandwich, Mass

(State or country)

10 NAME OF
FATHER

Hiram Burpee

11 BIRTHPLACE OF
FATHER (City)

Grafton N.H.

(State or country)

12 MAIDEN NAME
OF MOTHER

Achsa Foster

13 BIRTHPLACE OF
MOTHER (City)

Rumney

(State or country)

N.H.

14

Informant
(Address)Izora Burpee (Sister)
Chelmsford

15

Filed

Dec. 9, 1920

(Month) (Day) (Year)

Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Edward J. Robbins

Official
position

Town Clerk

Date of
issue
of permit

Dec. 9, 1920

Permit

No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec

6

1920

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Nov. 19, 1920, to Dec. 6, 1920.

that I last saw her alive on

Dec. 5, 1920,

and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH was as follows:

Left Hemiplegia -

(duration) yrs.....mos. 18 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed)

Arthur G. Scoboria, M.D.

(Address)

Chelmsford, Mass.

Date

Dec. 7, 1920.

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt Hope, Sandwich Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 9 1920

20 UNDERTAKER

Walter Perkins

ADDRESS

Chelmsford

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or Town)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

3 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

PARENTS

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec.

12

1920

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Nov. 28, 1920, to Dec. 11, 1920

that I last saw him alive on Dec. 11, 1920

and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH was as follows:

Chronic nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Frederick D. Lambert, M.D.

(Address) Tynnersrough, Mass.

Date Dec. 12, 1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

Dec 15 1920

20 UNDERTAKER

ADDRESS

Official
position

Comm. Clerk

Date of
issue
of permit

DEC. 13, 1920

Permit
No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 23 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Dorchester

State

Mass

Registered No.

72

City or Town

Dorchester

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alexander Kostechno

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Franklin

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

9

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Mar

17

1920

(Month)

(Day)

(Year)

7 AGE

Years

9

Months

Days

If LESS than

If STILLBORN, enter that fact here

1 day.....hrs.

If STILLBORN, state period of uterogestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)
(State or country)

North Dorchester

10 NAME OF
FATHER

Sergey Kostechno

11 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

12 MAIDEN NAME
OF MOTHER

Antonina Dedolka

13 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

14

Informant
(Address)Austin Healy
Westford

15

Filed

Dec. 18, 1920

Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec

18

1920

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

one year, from Dec 17, 1920,

that I last saw him alive on Dec 17, 1920,

and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH was as follows:

Cerebral embolism

due to coronary

(duration).....yrs.....mos.....ds.

CONTRIBUTORY

(SECONDARY)

(duration).....yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed)

Fred E. Starnes

M.D.

(Address)

North Chatham

Date

Dec 18

1920

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Russian Westford

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 18 1920

20 UNDERTAKER

J A Healy

ADDRESS

Westford

Date of
issue
of permit

Dec 18 1920

Permit
No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Approved by U. S. Census and American Public Health Association

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died. . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

84
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County Middlesex State Mass. Registered No. 73
City or Town Chelmsford No. Turnpike Rd. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Ruth Nettie Adams(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. Turnpike Rd. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH Sept. 23 1901
(Month) (Day) (Year)7 AGE 19 Years 2 Months 29 Days
If STILLBORN, enter that fact here If LESS than 1 day, hrs. or min.
If STILLBORN, state period of uterogestation mos.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer9 BIRTHPLACE (City) Chelmsford
(State or country) Middlesex CO. Mass.PARENTS
10 NAME OF FATHER Harry F. Adams
11 BIRTHPLACE OF FATHER (City) Lowell, Mass.
(State or country)
12 MAIDEN NAME OF MOTHER Lottie F. Peters
13 BIRTHPLACE OF MOTHER (City) Blue Hill, Maine.
(State or country)14 Informant Harry F. Adams (father)
(Address) Chelmsford, Mass15 Filed Dec. 28, 1920 Edward J. Robbins
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edward J. Robbins Official position Town Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 22 1920
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1920, to Dec. 22, 1920,
that I last saw her alive on Dec. 22, 1920,
and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH was as follows:

Carcinoma of cervical
Glands & Lymphabout 2
(duration) yrs. mos. ds.CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Microscopic Section(Signed) Arthur T. Scoboria, M.D.(Address) Chelmsford, Mass.Date Dec. 22 1920
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Pine Ridge-- Chelmsford DATE OF BURIAL Dec. 24 1920
(Cemetery) (City or town)

20 UNDERTAKER

Walter Perham, Chelmsford, MassDate of issue Dec. 28, 1920 Permit No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, o. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Manusmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT Tewksbury
(City or town)

1 PLACE OF DEATH

County Middlesex State MassachusettsRegistered No. 403
(Place of death)City or Town Tewksbury No. State Infirmmary St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. 74
(Place of residence)2 FULL NAME Charles Earle
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. State Massachusetts City or Town Chelmsford No. St.
(Usual place of abode)Length of residence in city or town where death occurred -- years 2 months 4 days How long in U. S., if of foreign birth? -- years -- months -- days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary LaMone6 DATE OF BIRTH (month, day, and year) Oct. 15, 18497 AGE Years 71 Months 2 Days 2 If LESS than 1 day, ... hrs. or min.
If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Portland (State or country) Maine10 NAME OF FATHER William Earle11 BIRTHPLACE OF FATHER (city or town) England
(State or country)12 MAIDEN NAME OF MOTHER Mary Simms13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)14 Informant Hospital Records(Address) State Infirmmary, Tewksbury15 Filed 12/17, 1920 Registrar of city or town where death occurred
Filed Jan 11, 1921 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 192017 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1920, to Dec. 17, 1920.that I last saw him alive on Dec. 17, 1920.and that death occurred, on the date stated above, at 7:30 p

The CAUSE OF DEATH* was as follows:

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Arteriosclerosis(duration) 10 yrs. mos. ds.CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? NoWhat test confirmed diagnosis? Examination(Signed) John P. Bowler, M.D.

17, 1920 (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

CHAPTER 77 REVISED LAWS

DATE OF BURIAL

19

20 UNDERTAKER

ADDRESS

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the fullness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- ("name origin," "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Colic," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Mdx

State

Mass

Registered No.

/

City or Town

Chelmsford

No.

Wilson

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Minot Gardner Spalding

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Wilson St. Chelmsford

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

20

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Ellen C. Spalding

6 DATE OF BIRTH

March 16 1834

(Month)

(Day)

(Year)

7 AGE

86 Years 9 Months 23 Days

If LESS than

If STILLBORN, enter that fact here

1 day..... hrs.

If STILLBORN, state period of uterogestation..... mos.

or..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Harmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)

Billerica

(State or country)

Mass

10 NAME OF FATHER

Jacob Spalding

11 BIRTHPLACE OF FATHER (City)

Billerica

(State or country)

12 MAIDEN NAME OF MOTHER

Mary Ann Estey

13 BIRTHPLACE OF MOTHER (City)

Not known

(State or country)

Mass.

14

Informant

Cuslow Spalding

(Address)

Chelmsford

15

Filed

Jan. 11, 1921

(Month) (Day) (Year)

Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edward J. Robbins

Official position

Town Clerk

Date of issue of permit

Jan. 11, 1921

Permit No.

No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan.

8

1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan.

1920, to

Jan. 8

1921,

that I last saw him alive on Jan. 6, 1921,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH was as follows:

Arterio. sclerosis

(duration) Several years.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

X

Did an operation precede death?

No.

Date of

X

Was there an autopsy?

No.

What test confirmed diagnosis?

Observation

(Signed)

Amasa Howard

M.D.

(Address)

Chelmsford, Mass.

Date

Jan.

11

1921.

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Pine Ridge Chelmsford

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 11 1921

20 UNDERTAKER

Walter Berham

ADDRESS

Chelmsford.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Association)

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *39 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "PERIPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MiddlesexState Mass.Registered No. 2City or Town Chelmsford

No. _____

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isaac Leslie Bradley

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Evergreen St.

(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElizabeth S. Bradley6 DATE OF BIRTH Oct. 13, 1863

(Month)

(Day)

(Year)

7 AGE 57Years 3Months 8

Days

If LESS than

If STILLBORN, enter that fact here

1 day, _____ hrs.

If STILLBORN, state period of uterogestation _____ mos.

or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workcarpenter(b) General nature of industry,
business, or establishment in
which employed (or employer)builder

(c) Name of employer

9 BIRTHPLACE (City)

Plattsburg

(State or country)

N. Y.10 NAME OF
FATHERJosiah Bradley11 BIRTHPLACE OF
FATHER (City)Plattsburg

(State or country)

N. Y.12 MAIDEN NAME
OF MOTHERDelia Juba13 BIRTHPLACE OF
MOTHER (City)North Hero, Vt.

(State or country)

14

Informant
(Address)Elizabeth S. Bradley
Chelmsford Mass.

15

Filed

Jan. 23, 1921

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedEdward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan.211921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan. 11, 1921 to Jan. 21, 1921that I last saw him alive on Jan. 21, 1921and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH was as follows:

SepticemiaCONTRIBUTORY
(SECONDARY)Left Tibia

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? yes

Date of

Jan. 14, 1921Was there an autopsy? no

What test confirmed diagnosis?

Examination of operation

(Signed)

R. W. Parker

M.D.

(Address)

Lowell Mass.

Date

Jan.221921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Edson Cem.Lowell

(Cemetery)

(City or town)

DATE OF BURIAL

Jan. 23, 1921

20 UNDERTAKER

Walter Perham

ADDRESS

ChelmsfordOfficial
positionConn. ClerkDate of
issue
of permitJan. 23, 1921

Permit

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or Town)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St. Ward.

Length of residence in city or town where death occurred

9

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than
1 day,..... hrs.
or..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan. 23, 1921, to Jan. 24, 1921,
that I last saw her alive on Jan. 24, 1921.

and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH was as follows:

Acute Gastritis

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. 2 ds.

(duration) 1 yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Arthur G. Scoboria, M.D.

(Address) Chelmsford, Mass.

Date 1 - 24 - 1921
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

Jan 26 1921

20 UNDERTAKER

ADDRESS

Official position

Date of
issue
of permit

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonic* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for this purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH Chelmsford

1 PLACE OF DEATH

County MiddlesexState MassRegistered No. # 1673 4City or Town ChelmsfordNo. Littleton

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth S. Saunders

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH Jan 21 1830

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

9105

1 day, _____ hrs.

or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home

(b) Name of employer

9 BIRTHPLACE (City) Waterford
(State or country) Maine10 NAME OF
FATHERAmos Saunders11 BIRTHPLACE OF
FATHER (City)Waterford

(State or country)

Maine12 MAIDEN NAME
OF MOTHERAlyvia Stone13 BIRTHPLACE OF
MOTHER (City)Groton

(State or country)

Mass

14

Informant Clara M. Saunders

(Address)

ChelmsfordMass

15

Filed

Jan 28 1921

(Month) (Day) (Year)

Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Edward J. Robbins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 26 1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan 6, 1921 to Jan 26, 1921,that I last saw her alive on Jan 25, 1921.and that death occurred, on the date stated above, at 7.45 Pm.

The CAUSE OF DEATH was as follows:

Bronchopneumonia(duration) _____ yrs. _____ mos. 20 ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) Daniel E. Ellison, M.D.(Address) 8 Newmarket LowellDate Dec 27 1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forefathers Chelmsford

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 291921

20 UNDERTAKER

W. Herbert Blake

ADDRESS

LowellOfficial position Town ClerkDate of
issue
of permitJan 28 1921

Permit

No. _____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from this board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which this clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observances of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Chelmsford
(City or Town)

1 PLACE OF DEATH

County *Middlesex*State *Mass.*Registered No. *5*City or Town *Chelmsford*No. *Cottage Row*

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

McQuade

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Cottage Row

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Single*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Feb.

(Month)

1

(Day)

1921

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

Stillborn

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

*Chelmsford*10 NAME OF
FATHER*John J. McQuade*11 BIRTHPLACE OF
FATHER (City)*Lowell*

(State or country)

12 MAIDEN NAME
OF MOTHER*Florence Finch*13 BIRTHPLACE OF
MOTHER (City)*England*

(State or country)

14

Informant

John J. McQuade

(Address)

Cottage Row North Chelmsford

15

Filed

Feb. 3 1921

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued*Edward J. Robbins*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb

(Month)

1

(Day)

1921

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan 31

, 1920, to

Feb 1

, 1921,

that I last saw h. *X* alive on *X*, 19and that death occurred, on the date stated above, at *X* m.

The CAUSE OF DEATH was as follows:

Still Born

CONTRIBUTORY

(SECONDARY)

18 Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date of *✓*Was there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *Frank E. Phillips*, M.D.(Address) *North Chelmsford Mass*Date *Feb 3 1921*

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Patrick's

(Cemetery)

Lowell

(City or town)

DATE OF BURIAL

Feb. 3 1921

20 UNDERTAKER

ADDRESS

*James F. O'Donnell & Sons**Market St.*Official
position*Town Clerk*Date of
issue
of permit*Feb. 3 1921*Permit
No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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State cause for which surgical operation was undertaken.

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No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

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STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MiddlesexState MassRegistered No. 6City or Town Chelmsford

No. _____

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clara A. Blaisdell(a) Residence. No. Chelmsford
(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St. _____ Ward _____

Length of residence in city or town where death occurred

years 2 months _____ days _____

How long in U. S., if of foreign birth?

(If non-resident give city or town and State)

years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofBradford Blaisdell

6 DATE OF BIRTH

Nov 261844

(Month)

(Day)

(Year)

7 AGE

76

Years

2

Months

Days

If LESS than

If STILLBORN, enter that fact here

1 day, _____ hrs.

If STILLBORN, state period of uterogestation _____ mos.

or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) General nature of industry,
business, or establishment in
which employed (or employer)At Home

(c) Name of employer

9 BIRTHPLACE (City)

Biddeford

(State or country)

Maine10 NAME OF
FATHERHumphrey B. Kendrick11 BIRTHPLACE OF
FATHER (City)

(State or country)

Maine12 MAIDEN NAME
OF MOTHERJane Mc Kenna13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Maine

14

Informant
(Address)Lucian Pierce
Malden Mass.

15

Filed

(Month) (Day) (Year)

Feb 3, 1921 Edward J. Robbins

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedEdward J. RobbinsOfficial
positionComm ClerkDate of
issue
of permitFeb 3 1921Permit
No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 2 1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan 28, 1921, at Fit 2, 1921.that I last saw him alive on Jan 30, 1921.and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH was as follows:

Arterial Sclerosis(duration) 2 yrs. _____ mos. _____ ds.CONTRIBUTORY
(SECONDARY)Chronic myocarditis

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Adam E. Shaw, M.D.(Address) 137 Merrimack StDate Fit 3, 1921
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

SacoSaco Maine

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 4 21

20 UNDERTAKER

W. Herbert Blake

ADDRESS

Lowell

MARGIN RESERVED FOR BINDING

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Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *da.*; *Bronchopneumonia* (secondary), 10 *da.* Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH

County Middlesex State Mass.

City or Town Roswell No. 36 Heater

2 FULL NAME

(a) Residence. State Mass. City or Town Chelmsford No. 10 St. 1 Ward 1

Length of residence in city or town where death occurred years 2 months 1 days 1 How long in U. S., if of foreign birth? years 1 months 1 days 1

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Harris

6 DATE OF BIRTH (month, day, and year) Feb. 26, 1892

7 AGE Years 28 Months 1 Days 6 If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Chelmsford Spring Co.

9 BIRTHPLACE (city or town) Chelmsford (State or country) Mass.

10 NAME OF FATHER Antoine

11 BIRTHPLACE OF FATHER (city or town) Canada (State or country)

12 MAIDEN NAME OF MOTHER Elda Lambert

13 BIRTHPLACE OF MOTHER (city or town) Canada (State or country)

14 Informant Wife (Address) Chelmsford, Mass.

15 Filed Feb. 4, 1921 Registrar of city or town where death occurred

Filed March 10, 1921 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 2 1921

17 I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1919, to Feb. 2, 1921, that I last saw him alive on 1, 1921.

and that death occurred, on the date stated above, at 5:30 a.m. The CAUSE OF DEATH* was as follows:

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Chronic Bronchopneumonia
Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward G. Talbot, M.D. 2-3, 1921 (Address) Roswell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Joseph, Chelmsford DATE OF BURIAL Feb. 5, 1921

20 UNDERTAKER A. Archambault ADDRESS Roswell

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—A LEASE SUBSEQUENT TO OCCUPATION is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ----- ("name origin"; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telanus*) may be stated

sions of chapter 24 of the REVISER LAW'S DEATHS UNDER THE following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposed, caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

3

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21

HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan. 23, 1921, to Feb. 8, 1921,

that I last saw him alive on Feb. 8, 1921,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH was as follows:

Epidemic Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY Infection Cholangitis
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Arthur G. Scofield, M.D.

(Address) Chelmsford, Mass.

Date Feb. 9, 1921

(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

ADDRESS

20 UNDERTAKER

Official position Tom Clark

Date of
issue
of permit

Feb. 10, 1921

Permit

No.

RELATION OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 20, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 76, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Chelmsford

(City or Town)

1 PLACE OF DEATH

County MiddlesexState MassRegistered No. 9City or Town ChelmsfordNo. Westford Road

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret M. Flynn

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Westford Road
(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

36 years

months

days

How long in U. S., if of foreign birth? 37 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofPatrick Flynn

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or min.

54

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Ireland10 NAME OF
FATHERPatrick Hayden11 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland12 MAIDEN NAME
OF MOTHERMary Hogan13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

14

Informant

Patrick Flynn, husband

(Address)

Chelmsford Mass

15

Filed

Feb 12, 1921 (Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedEdward J. RobbinsOfficial
positionDonna ClarkDate of
issue
of permitFeb 12, 1921Permit
No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 11th 1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan 21, 1921, to Feb 11, 1921,that I last saw him alive on Feb 9, 1921,and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH was as follows:

Carcinoma of intestine
(large)(duration) 1 yrs. 1 mos. 1 ds.CONTRIBUTORY
(SECONDARY)General debility(duration) 1 yrs. 1 mos. 1 ds.18 Where was disease contracted
if not at place of death?Did an operation precede death? No. Date of _____Was there an autopsy? No.What test confirmed diagnosis? Symptoms(Signed) James J. Mahoney, M.D.(Address) 117 Central St.Date 12 (Month) 12 (Day) 1921 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St Patrick's Lowell
(Cemetery) (City or town)

DATE OF BURIAL

Feb 14/21

20 UNDERTAKER

James F. O'Donnell & Sons Lowell Mass

ADDRESS

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer* — *Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or Town)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 years

months

days

How long in U. S., if of foreign birth? 40 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb.

21st

1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb. 13, 1921, to

Feb. 21, 1921.

that I last saw him alive on

Feb. 20, 1921.

and that death occurred, on the date stated above, at 3.9 p.m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration)

yrs.

mos.

9 ds.

CONTRIBUTORY
(SECONDARY)

Myocarditis

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

No.

Date of

Was there an autopsy?

No.

What test confirmed diagnosis?

(Signed)

James J. Huban

M.D.

(Address)

127 Central St.

Date

Feb.

21

1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

Feb. 23 1921

20 UNDERTAKER

ADDRESS

Official position

James F. Donnelly

Date of
issue
of permit

Feb. 23 1921

Permit

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD

Approved by U. S. Census and American Public

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Lumberman—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 89 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

OF THE
COMMONWEALTH OF MASSACHUSETTS

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died. . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for this purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 78, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Worcester

(City or town)

1 PLACE OF DEATH

County Worcester State Mass

Registered No. 442
(Place of death)

City or Town Worcester No. Worcester State Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edwin W Parker

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Chelmsford No. --- St.
(Usual place of abode)

Length of residence in city or town where death occurred --- years 1 months 7 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ---1864

7 AGE Years 57 Months + Days + If LESS than 1 day, ---hrs. or ---min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work machinist

(b) Name of employer

9 BIRTHPLACE (city or town) Westford
(State or country)

PARENTS
10 NAME OF FATHER George A
11 BIRTHPLACE OF FATHER (city or town) Acton
(State or country)
12 MAIDEN NAME OF MOTHER Sarah Winchester
13 BIRTHPLACE OF MOTHER (city or town) Lowell
(State or country)

14 Informant Hospital records
(Address) Worcester

15 Filed Mar 1, 1921 Registrar of city or town where death occurred
Filed Mar 4, 1921 Justice R. Moore Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24, 1921

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1921, to Feb 24, 1921, that I last saw him alive on Feb 24, 1921,

and that death occurred, on the date stated above, at 12.55 p.m.
The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Cerebral hemorrhage.

(duration) --- yrs. --- mos. 2 ds.

CONTRIBUTORY Epilepsy.
(SECONDARY)

(duration) 18 yrs. + mos. + ds.

18 Where was disease contracted At home
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical symptoms.

(Signed) Robert F. Harriman, M.D.
2519 21 Address Worcester

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Fairview Westford

DATE OF BURIAL
Mar 1, 1921

20 UNDERTAKER
Geo Sessions Sons Co

ADDRESS
Worcester

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia"); *Unqualified*, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

sions of chapter 24 of the revised laws under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Explosion*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or Town)

Registered No. 12

City or Town

No. 1633

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St. Ward

2 FULL NAME

(a) Residence. No. 1633

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St. Ward.

Length of residence in city or town where death occurred

14 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Lora Bell Tufts.

6 DATE OF BIRTH

Dec. - 34th 1845

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

75

2

2

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired.

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Somerville.

Mass.

10 NAME OF
FATHER

William Tufts.

11 BIRTHPLACE OF
FATHER (City)

Somerville

(State or country)

12 MAIDEN NAME
OF MOTHER

Susan Tufts.

13 BIRTHPLACE OF
MOTHER (City)

Somerville

(State or country)

14

Informant

(Address)

Mrs. Lora B. Tufts,
1633 Boston St. Lowell

15

Filed

(Month) (Day) (Year)

Feb. 28, 1921 Edward J. Robbing

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stand-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Edward J. Robbing

Official
position

Com. Clerk

Date of
issue
of permit

Feb. 28, 1921

Permit
No.

145 Spring St. Lowell

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Jan. 31, 1921, to Feb. 26, 1921.

that I last saw him alive on Feb. 26, 1921.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

General Arterio Sclerosis
Myocarditis -

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Arthur G. Scoboria, M.D.

(Address) Chelsea, Mass.

Date Feb. 28, 1921.

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodbury
(Cemetery)Lowell
(City or town)

DATE OF BURIAL

Mar. 1, 1921

20 UNDERTAKER

William L. Brown

ADDRESS

145 Spring St. Lowell

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meesles*, *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meesles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphena," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATE OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 582.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 29, Sec. 28.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Chelmsford
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

Township

or Village

City

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14

Informant
(Address)

15

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from

....., 1913, to, 19.....

that I last saw him alive on March 1, 1921

and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs..... mos..... ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs..... mos..... ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?, Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M.D.

....., 1921 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES,
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL,
SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Forefather's Cem. Chelmsford. Mch 5 1921

20 UNDERTAKER

ADDRESS

Walter Perham - Chelmsford

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

tion is very important, so that the relative healthiness or various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ----- (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puer-peral peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to de-termine definitely. * Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

sions of chapter 24 on the revised laws versus under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or one supposed to be due to *Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

Declaration of record in
regarding the position of
the witness before the
the left side of the brain;
either the witness is under the

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

No. *Chelmsford* 99
(City or Town) 15
Registered No. *14*

1 PLACE OF DEATH

County *Middlesex* State *Mass*City or Town *No Chelmsford* No. *Sleeper* St. *Sleeper* Ward *Sleeper*
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME *Percy Alfred Ineson*
(If in the Army or Navy of the United States, give rank, organization, etc.)(a) Residence. No. *Sleeper* St. *Sleeper* Ward. *Sleeper*
(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male*4 COLOR OR RACE *White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) *Single*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH *Jan 16 1921*
(Month) (Day) (Year)

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)
(State or country) *No Chelmsford Mass.*10 NAME OF
FATHER *Percy H. Ineson*11 BIRTHPLACE OF
FATHER (City) *Lowell*
(State or country) *Mass*12 MAIDEN NAME
OF MOTHER *Ida May Reed*13 BIRTHPLACE OF
MOTHER (City) *Weymouth*
(State or country) *Mass*

14

Informant *Percy H. Ineson*
(Address) *No Chelmsford*

15

Filed *Mar 22 1921*
(Month) (Day) (Year)REGISTRAR *Justin L. Moore*

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Mar 20 1921*
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from

*March 3, 1921, to March 20, 1921,*that I last saw him alive on *March 20, 1921,*and that death occurred, on the date stated above, at *5 P.* m.

The CAUSE OF DEATH was as follows:

Pylorospasm(duration) yrs. *2* mos. *2* ds.CONTRIBUTORY (SECONDARY) *Acute nephritis*(duration) yrs. *2* mos. *2* ds.18 Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date of *—*Was there an autopsy? *no*What test confirmed diagnosis? *Physical & lab. Exams.*(Signed) *Frederick D. Lambert, M.D.*(Address) *Tyrngsbrough, Mass.*Date *March 22, 1921.*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Edison Lowell
(Cemetery) (City or town)*Mar 22-1921*

20 UNDERTAKER

ADDRESS

*James W. McKenna Lowell Mass*Official position *town clerk*

Date of issue

of permit *Mar 22 1921*Permit No. *15*

MARGIN RESERVED FOR BINDING

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Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 28, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

(City or town)

1 PLACE OF DEATH

County

State

Registered No.

(Place of death)

City or Town

No.

Registered No.

(Place of residence)

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

City or Town

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

3

months

2 yrs

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than

1 day, ...hrs.

or, ...min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14

Informant

(Address)

15

Filed

mch 21, 1921

Filed

Mar. 29, 1921

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

1921

17

I HEREBY CERTIFY, (That I attended deceased from

Sept 21, 1921, to mch 21, 1921,

that I last saw her alive on Jan 15, 1921,

and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Carcinoma of uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. B. Garrison, M.D.

21, 1921 (Address) North Elm Street

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

London Cemetery, London, mch 23 1921

20 UNDERTAKER

ADDRESS

George W. Healey 236 West Street

London

REVISED UNITED STATES STANDARD CERTIFICATE OF DE.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unequalled, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lætanus*) may be stated

by _____ of the American Medical Association.)
Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Worcester* (City or Town)
County..... State *Mass* Registered No. *76 19*
City or Town *Chelmsford* No..... St..... Ward.....
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Ida Ellsworth Byam*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *Locust Rd. So. Chelmsford* St..... Ward.....
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *✓*
6 DATE OF BIRTH *June 4 1861*
(Month) (Day) (Year)
7 AGE Years Months Days If LESS than
59 9 26 1 day..... hrs. or..... min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at home*
(b) Name of employer

9 BIRTHPLACE (City) *Chelmsford*
(State or country) *Mass.*

10 NAME OF FATHER *Charles W. Byam*
11 BIRTHPLACE OF FATHER (City) *Chelmsford*
(State or country) *Mass.*
12 MAIDEN NAME OF MOTHER *Mary J. Proctor*
13 BIRTHPLACE OF MOTHER (City) *Chelmsford*
(State or country) *Mass.*

14 Informant *Mrs Harry C. Greene (sister)*
(Address) *Chelmsford*

15 Filed *Mar 30 1921* *Justin L. Moore*
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Justin L. Moore Official position *Iron Clerk*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 30 1921*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Mar. 30, 1921*, to *Mar 30, 1921*, that I last saw her alive on *Mar 30, 1921*, and that death occurred, on the date stated above, at *6:15 a.m.*

The CAUSE OF DEATH was as follows:

Left hemiplegia - Probably cerebral haemorrhage -

CONTRIBUTORY (SECONDARY) *Arterio Sclerosis* (duration) yrs. mos. ds. *1 hour*

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? *no* Date of.....

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Arthur G. Scoboria* M.D.
(Address) *Chelmsford, Mass.*
Date *March 30 1921*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Forefathers Chelmsford*
(Cemetery) (City or town)
DATE OF BURIAL *April 1 1921*

20 UNDERTAKER *Walter Perham*
ADDRESS *Chelmsford*

Date of issue *Mar 30, 1921* Permit No.....
position of permit

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 89 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Chelmsford

(City or Town)

1 PLACE OF DEATH

County MiddlesexState Mass.Registered No. 1720City or Town ChelmsfordNo. 2010 Middlesex St.St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Patrick F. Lowe

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 2010 Middlesex St.St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

26

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary Murphy

6 DATE OF BIRTH

(Month)

(Day)

1855
(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or min.

66

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workRetired - Motorman

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)ClevelandNew York10 NAME OF
FATHERMichael Lowe11 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland12 MAIDEN NAME
OF MOTHERSarah Hawkes13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

14

Informant

Mrs. Mary Lowe, Wife

(Address)

2010 Middlesex St. Chelmsford

15

Filed

(Month) (Day) (Year)

Apr. 1 1921 Justin L. Moore

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedJustin L. Moore

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 31 - 1921
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from

April 10, 1921, to Mar 20, 1921that I last saw him alive on Mar 20, 1921

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Acute Schistosomiasis

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. H. J. Dorman, M.D.(Address) Wagoner St.Date Mar 31 - 21
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Patrick's Lowell

(Cemetery)

(City or town)

DATE OF BURIAL

April 2, 1921

20 UNDERTAKER

ADDRESS

324 Market St.Official position John ClerkDate of issue Apr. 1, 1921
of permit No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gascolitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS OF THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for this purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 29, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 21 AND 29)

1 PLACE OF DEATH

County Middlesex State MassRegistered No. 399Registered No. 1814City or Town HowellNo. St. John's Hosp.St. 1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Henry Harrison Emerson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Acton Rd.

(Usual place of abode)

St. ChelmsfordWard. Mass.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHouise F.

6 DATE OF BIRTH

Nov.11839

(Month)

(Day)

(Year)

7 AGE

81 Years4 Months20 Days

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

None

9 BIRTHPLACE (City)

(State or country)

Chelmsford
Mass.10 NAME OF
FATHERBryant11 BIRTHPLACE OF
FATHER (City)

(State or country)

Chelmsford
Mass.12 MAIDEN NAME
OF MOTHERHannah Bradford13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Salem
N. H.

14

Informant
(Address)Walter
Chelmsford, Mass.

15

Filed

Nov. 29, 1921

Filed

Apr. 9, 1921

(Month) (Day) (Year)

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 21921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows:Fractures of femur &
humerus. Accidental.
(Due to fall from tree.)

(See reverse side for additional space)

18 Where was injury sustained
if not at place of death?(80) Chelmsford

(Signed)

Thomas B. Smith

M.D.

(Address)

Howell

Medical Examiner for

5th Dist. Middlesex

Date

Mar. 221921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Hart Pond Cem., Chelmsford

DATE OF BURIAL

Mar. 23, 1921

(Month) (Day) (Year)

20 UNDERTAKER

Walter Perham

ADDRESS

Chelmsford

21 Burial permit

Issued by

Official
position22 Date of
issue

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise

a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

COPIES OF RECORDS OF DEATHS OF NON-RESIDENT DECEDENTS

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during the previous month, if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH

County

Middlesex

State

Mass

City or Town

Howell

No.

Shaw Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ruth Bernice Nutton

(a) Residence. State

Mass.

City or Town

Chelmsford

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Dec. 18, 1917

7 AGE

3

Years

3

Months

4

Days

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Chelmsford, Mass.

PARENTS

10 NAME OF FATHER

Francis O.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Chelmsford, Mass.

12 MAIDEN NAME OF MOTHER

Georgia Libby

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Howell, Mass.

14

Informant (Address)

Father, Chelmsford, Mass.

15

Filed

Mar. 23, 1921

Filed

Apr. 9, 1921

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Mar. 22, 1921

17

I HEREBY CERTIFY, That I attended deceased from

March 16, 1921, to Mar. 22, 1921,

that I last saw her alive on Mar. 21, 1921,

and that death occurred, on the date stated above, at 12:12 a.m.

The CAUSE OF DEATH* was as follows:

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Appendicitis

CONTRIBUTORY (SECONDARY) Septic Peritonitis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Chelmsford

Did an operation precede death?

yes

Date of Mar. 19, 1921

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed) H. H. Sumner, M.D. 3-22-21 (Address) Howell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forefathers, Chelmsford

DATE OF BURIAL

Mar. 24, 1921

20 UNDERTAKER

W. Perham

ADDRESS

Chelmsford

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of-----

"Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telanus*) may be stated

on states, or death approved by Committee on Nomenclature of the American Medical Association.)
Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

The Commonwealth of Massachusetts

105

CERTIFICATE OF DEATH OF NON-RESIDENT Tewksbury
(City or town)

1 PLACE OF DEATH

County MiddlesexState MassachusettsRegistered No. 102
(Place of death)City or Town TewksburyNo. State InfirmaryRegistered No. 20-18
(Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry W. Lathrop

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.
(Usual place of abode)City or Town Chelmsford, Mass. St. Mass.

Length of residence in city or town where death occurred

years

months

12 days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widower5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofNot learned.

6 DATE OF BIRTH (month, day, and year)

Jan. 16, 1856

7 AGE

Years

Months

Days

If LESS than

65210

1 day, ... hrs.

If STILLBORN, enter that fact here

or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workTeamster(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

Avon

(State or country)

Massachusetts

PARENTS

10 NAME OF FATHER

Edward Lathrop

11 BIRTHPLACE OF FATHER (city or town)

Not learned.

(State or country)

Massachusetts

12 MAIDEN NAME OF MOTHER

Not learned.

13 BIRTHPLACE OF MOTHER (city or town)

Not learned.

(State or country)

Not learned.

14

Informant Hospital Records
(Address) State Infirmary, Tewksbury

15

Filed 3/21/21Filed Mar 31, 1921John St. Nicholas, Supl.
Registrar of city or town where death occurred
Justice L. Moore
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 26, 1921

17 I HEREBY CERTIFY, That I attended deceased from

Mar. 14, 1921, to Mar. 26, 1921,that I last saw him alive on Mar. 26, 1921,and that death occurred, on the date stated above, at 10:20 A.M.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES,
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL,
SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)Arteriosclerosis(duration) + yrs. 0 mos. 0 ds.CONTRIBUTORY Cerebral Haemorrhage
(SECONDARY)(duration) ? yrs. 0 mos. 0 ds.18 Where was disease contracted Chelmsford
if not at place of death?Did an operation precede death? No Date of Mar. 26, 1921Was there an autopsy? NoWhat test confirmed diagnosis? George A. Peirce.(Signed) George A. Peirce. M.D.
19 21 (Address) State Infirmary, Tewksbury

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Pine Ridge Cem. Chelms-
ford, Mass.

DATE OF BURIAL

Mar. 28, 1921

20 UNDERTAKER

Walter Perham

ADDRESS

Chelmsford,

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report more symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Scallie" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reverber wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telanus*) may be stated

under the head of "Contributory," (1) _____, actions on statement of cause of death approved by _____ (Committee on Nomenclature of the American Medical Association.)
Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:
1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

106

Chelmsford
(City or Town)

1 PLACE OF DEATH

County

Mdx

State

Mass

Registered No.

22

City or Town

Chelmsford

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2 FULL NAME

Cora R. Cudworth

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

North Road

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

20

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced

~~HUSBAND~~
(or) WIFE of

Chas. M. Cudworth

6 DATE OF BIRTH

Jan

30

1861

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

60

2

5

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

9 BIRTHPLACE (City)

Marlboro N. H.

(State or country)

N. H.

10 NAME OF
FATHER

Frederick Rouillard

11 BIRTHPLACE OF
FATHER (City)

Acton

(State or country)

Mass

12 MAIDEN NAME
OF MOTHER

Not known

13 BIRTHPLACE OF
MOTHER (City)

Not known

(State or country)

14

Informant

Chas. M. Cudworth

(Address)

Chelmsford

15

Filed

Apr. 5, 1921 Justice L. Moore

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Justice L. Moore

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April

4

1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

March 14

1921

to April 4

1921

that I last saw him alive on

April 4

1921

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

Not known

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Fred E. Varney

M.D.

(Address)

North Chelmsford

Date

April 4

1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn

(Cemetery)

Acton Mass

(City or town)

DATE OF BURIAL

April 6 1921

20 UNDERTAKER

Walter Perkins

ADDRESS

Chelmsford

Official Town Clerk

Date of

issue

Apr. 5 1921

Permit

No.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asplenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Years

Months

Days

if LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)

10 NAME OF
FATHER

11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

March 16, 1921, to April 6, 1921,

that I last saw her alive on April 5, 1921,

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH was as follows:

Chronic interstitial
nephritis

CONTRIBUTORY
(SECONDARY)

(duration) 3 mos. 14 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Daniel F. Eelion, M.D.

(Address) 8 Melrose Ave. Lowell

Date April 7, 1921

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Edson
(Cemetery)

Lowell
(City or town)

DATE OF BURIAL

April 8 1921

20 UNDERTAKER

Walter Berham

ADDRESS

Chelmsford

Official position John Clark

Date of issue April 8, 1921

Permit

No.

Statement of occupation. —

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a simple word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Sect. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selection for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or Town)

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

/ years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

19 1921

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

April 19, 1921, to April 19, 1921,

that I last saw him alive on _____, 19____,

and that death occurred, on the date stated above, at _____m.

The CAUSE OF DEATH was as follows:

Myocarditis

CONTRIBUTORY

(SECONDARY)

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank E. Phillips, M.D.

(Address) 20 Chelmsford

Date April 20, 1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Official
position

John C. Brown

Date of
issue

Apr. 21, 1921

Permit
No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespectively of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningues, peritoneum, etc., Carcinoma, Sarcoma, etc., etc.* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which this clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

109

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

2 FULL NAME

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21

Burial permit
issued byOfficial
position22 Date of
issuePermit
No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Plush wound of hand, accidental,
followed by general septicemia.

(See reverse side for description for unknown person)

18 Where was injury sustained
if not at place of death?

(Signed)

M.D.

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

Horsefathers
(Cemetery)Chelmsford
(City or town)Apr 26 1921
(Month) (Day) (Year)

20 UNDERTAKER

ADDRESS

Halter Perham

Chelmsford

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

N. B.—WRITE PLAINLY WITH
MARGIN RESERVED FOR EDITING

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

30

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widower

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Christina Levine

6 DATE OF BIRTH

Feb 8 - 1859

(Month)

(Day)

(Year)

7 AGE

62

Years

2 Months

22 Days

If LESS than

1 day,.....h:s.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Stone Cutter

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Sweden

10 NAME OF
FATHER

Sven - Skerson

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Sweden

12 MAIDEN NAME
OF MOTHER

Anna - Johnson

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Sweden

14

Informant

(Address)

Miss Esther Levine
W. Chelmsford, Mass

15

Filed

May 2 1921

Justin L. Moore

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Justin L. Moore

Official position

Soc. Clerk

Date of issue

May 2 1921

Permit No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April

30 - 1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

January 8, 1921, to April 30, 1921

that I last saw him alive on April 30, 1921

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH was as follows:

Aortic Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY

Aortic sclerosis

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Fred E. Varney

, M.D.

(Address)

North Chelmsford

Date

May 1

1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

W. Chelmsford Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

May 3 - 1921

20 UNDERTAKER

David L. Guertson

ADDRESS

Westford

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary action with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"; *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall hurry a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until thereafter it has been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 29, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 29, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Westboro
(City or town)

1 PLACE OF DEATH

County

Worcester

State

Mass.

Registered No.

(Place of death)

City or Town

Westboro

No.

State Hospital

Registered No.

(Place of residence)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lucy A. Wardwell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

Mass.

City or Town

Chelmsford Center

St.

(Usual place of abode)

Length of residence in city or town where death occurred

8 years 11 months 13 days

How long in U. S., if of foreign birth?

years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Aug. - 1853

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

67

8

-

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Lowell
Mass.

10 NAME OF FATHER

William A. Johnson

11 BIRTHPLACE OF FATHER (city or town)
(State or country)Lowell
Mass.

12 MAIDEN NAME OF MOTHER

Lucy Hutchinson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Name

14

Informant
(Address)Hospital Records
Westboro Mass.

15

Filed April 30, 1921

Atti R. Frank

Registrar of city or town where death occurred

Filed May 26, 1921

Justus L. Moore

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

April 30 1921

17 I HEREBY CERTIFY, That I attended deceased from

May 17, 1912, to April 30, 1921,

that I last saw him alive on April 30, 1921,

and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES,
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL,
SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)Chronic Endocarditis with
Coronary Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)Broncho pneumonia
(duration) yrs. mos. ds.18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Emma H. Fay, M.D.
430, 1921 (Address) Westboro Mass.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Elson Cem. Lowell Mass.

May 2 1921

20 UNDERTAKER

ADDRESS

L.P. Conant

Westboro

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent DEATHS STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

before the chapter of the revised laws begins under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Tewksbury

(City or town)

1 PLACE OF DEATH

County MiddlesexState MassachusettsRegistered No. 114

(Place of death)

City or Town TewksburyNo. State InfirmaryRegistered No. 26

(Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William McGuinniss

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Massachusetts
(Usual place of abode)City or Town ChelmsfordNo. Chelmsford

St.

Length of residence in city or town where death occurred

years

months

20 days

How long in U. S., if of foreign birth?

38 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDelia Gilboy

6 DATE OF BIRTH (month, day, and year)

Dec. 12, 1872

7 AGE

Years

Months

Days

If LESS than

47322

1 day,.....hrs.

or.....mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLaborer(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Ireland

10 NAME OF FATHER

John McGuinniss

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Ireland12 MAIDEN NAME OF MOTHER Susan Skulan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Ireland

14

Informant

Hospital Records

(Address)

15

Filed

Filed

19 2119 21

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3, 192117 I HEREBY CERTIFY, That I attended deceased from
Mar. 14, 19 21, to April 3, 19 21that I last saw him alive on April 3, 19 21and that death occurred, on the date stated above, at 4:35 P. m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES,
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL,
SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)Mitral Insufficiency(duration) + yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) George A. Peirce, M.D.4/4/1921 (Address) State Infirmary, Tewksbury

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Patrick's Cem. Lowell Arp. 8 21

20 UNDERTAKER

ADDRESS

James W. McKenna, Lowell, Mass.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only* (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory," (Recommended on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

Name, Rachael F. Greene

Place of death, Nashua, N. H.

No. Kinsley Street.

Ward, _____ Village, _____

How long a resident, _____

Previous residence, Chelmsford, Mass.

If death occurred at an institution give name of same

St. Joseph Hospital

How long an inmate, 2 weeks

Where from, _____

Date of death: Year, 1921 Month, Apr Day, 20

Age: Years, 7 Months, 0 Days, 3

Place of birth, Nashua, N. H.

Date of birth: Year, 1904 Month, Apr Day, 17

Sex, F Color, W Married, Single,
Widowed or
Divorced.

Occupation, _____

Cause of death, Acute Nephritis

Duration, 18 days

Contributing cause, _____

Duration, _____

Name of father, Karl C. Greene

Maiden name of mother, Rachael F. Fletcher

Birthplace of father, Lowell, Mass.

Birthplace of mother, Chelmsford, Mass.

Occupation of father, Auto Mechanic

25/15

Deceased was wife of -----

Widow of -----

Name of physician (or other person) reporting said

death, G. E. Congdon, M.D.

P. O. Address, Nashua, N. H.

Place of interment, Chelmsford, Mass.

Date of interment, April 22, 1921.

Name of cemetery, Forefathers

Undertaker Walter Perham

P. O. Address, Chelmsford, Mass.

The State of New Hampshire

I hereby certify that the above death record is correct to
the best of my knowledge and belief,

Clerk of Nashua, N. H.

April 22, 1921.

3913

*Filed May 17, 1921,
Justus L. Moore
Town Clerk*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

114

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or Town)

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

6

months

days

How long in U. S., if of foreign birth?

30

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Apr 30, 1921, to June 1, 1921,

that I last saw him alive on Apr 30, 1921,

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Carcinoma
(benign)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) 8 yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

M.D.

(Address)

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Official
PositionDate of
issue
of permit

Permit

No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colon mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tromia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

County

State

Registered No.

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employer9 BIRTHPLACE (City)
(State or country)10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed
(Month) (Day) (Year)

REGISTRAR

21

Burial permit
issued byOfficial
position22 Date of
issuePermit
No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I have investigated the
death of the person above named and that the CAUSE AND MANNER
thereof are as follows:Chronic Valvular Heart Disease;
found dead in neighbors yard.

(See reverse side for description for unknown person)

18 Where was injury sustained
if not at place of death?

(Signed)

M.D.

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

(Month) (Day) (Year)

20 UNDERTAKER

ADDRESS

May 16, 1921

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

RETURN OF CERTIFICATES OF DEATH

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

DESCRIPTION (for unknown person)

RULES OF PRACTICE

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicæmia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Mass* County *Worcester* State *Mass.* Registered No. *32*
City or Town *Chelmsford* No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *John Nelson Maxwell*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *McLorrey Square* St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred *1* years _____ months _____ days
How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Sarah A Maxwell*
6 DATE OF BIRTH *Oct 7 1859*
(Month) (Day) (Year)
7 AGE Years Months Days If LESS than 1 day, hrs. or min.
61 7 8
If STILLBORN, enter that fact here
8 OCCUPATION OF DECEASED *Steachery operator*
(a) Trade, profession, or particular kind of work *Home Maker, retired*
(b) Name of employer

9 BIRTHPLACE (City) *Rockport*
(State or country) *New Brunswick*
10 NAME OF FATHER *Sidon Maxwell*
11 BIRTHPLACE OF FATHER (City) *New Brunswick*
(State or country)
12 MAIDEN NAME OF MOTHER *Catherine Wry*
13 BIRTHPLACE OF MOTHER (City) *New Brunswick*
(State or country)

14 Informant *Frank A Maxwell*
(Address) *Chelmsford Mass.*

15 Filed *May 16, 1921* *Justin L Moore*
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *Justin L Moore*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 15 1921*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased *Mar. 21*, 19 *20*, to _____, 19 _____, that I last saw him alive on *Mar. 21*, 19 *20*, and that death occurred, on the date stated above, at *11.45 P.* m.
The CAUSE OF DEATH was as follows:
Died Suddenly -
Arterio Sclerosis
Probably Cerebral haemorrhage.
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? *No.* Date of _____

Was there an autopsy? *No.*

What test confirmed diagnosis? _____

(Signed) *Arthur G. Scovrin*, M.D.

(Address) *Chelmsford*

Date *May 16 1921*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL *Lonsdale Cem Lonsdale R.I.*
(Cemetery) (City or town)
DATE OF BURIAL *May 17 1921*

20 UNDERTAKER *Walter Perkins*
ADDRESS *Chelmsford*

Official position *corn clerk* Date of issue *May 16, 1921* Permit No. _____

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer — Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Chelmsford 33
(City or Town)

1 PLACE OF DEATH

County MiddlesexState Mass.Registered No. 3337City or Town ChelmsfordNo. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Susan Augusta Wentworth

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. HighSt. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

2

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCharles Otis Wentworth

6 DATE OF BIRTH

January
(Month)18th
(Day)1859
(Year)

7 AGE

Years

Months

Days

If LESS than

623271 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workat home

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)Saxington Mass.10 NAME OF
FATHERCurtis Capell.11 BIRTHPLACE OF
FATHER (City)Reperell Mass.

(State or country)

12 MAIDEN NAME
OF MOTHERMary A. Brown.13 BIRTHPLACE OF
MOTHER (City)Concord Mass.

(State or country)

14

Informant

Mrs Charles Otis Wentworth

(Address)

Chelmsford Mass.

15

Filed

May 17 1921
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was issued with me BEFORE the burial or transit permit was issued

Justin L. MooreOfficial
positionCoron ClerkDate of
issue
of permitMay 17 1921Permit
No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May
(Month)15
(Day)1921
(Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 819 21to May 1519 21

that I last saw her alive on

May 1419 21and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH was as follows:

Lobar PneumoniaCONTRIBUTORY
(SECONDARY)18 Where was disease contracted
if not at place of death?Did an operation precede death? No.

Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed)

Arthur G. Scoboria

M.D.

(Address)

Chelmsford, Mass.

Date

May
(Month)15
(Day)1921
(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mummae Cem.
(Cemetery)Saxington Mass.
(City or town)

DATE OF BURIAL

May 17 1921

20 UNDERTAKER

Arthur A. Marshall & Son.

ADDRESS

Saxington

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 28 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 8, Sec. 38.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month)

(Day)

(Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

, 19....., to

, 19.....,

that I last saw h..... alive on....., 19.....,

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed)....., M.D.

(Address).....

Date.....

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

ADDRESS

20 UNDERTAKER

Official
positionDate of
issue
of permitPermit
No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Senile," "Lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Middlesex

State Mass.

Registered No. 35-24

City or Town East Chelmsford

No. 1543 Gorham

St. 35 Ward 24

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Antimus W. Nelson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 1543 Gorham

(Usual place of abode)

St. 35 Ward 24

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

November 3
(Month) (Day)

1896
(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or min.

24

6

14

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At home

(b) Name of employer

9 BIRTHPLACE (City)

Lowell

(State or country)

Mass.

10 NAME OF
FATHER

Elkanah Nelson

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Novia Scotia

12 MAIDEN NAME
OF MOTHER

Clementina Glover

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Prince Edward Island

14

Informant

Elkanah Nelson

(Address)

East Chelmsford

15

Filed

May 18 1921

(Month) (Day) (Year)

Justin L. Moore

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Justin L. Moore

Official position

W. H. Saunders

Town Clerk

Date of
issue of permit

May 18 1921

Permit

No. 35-24

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May
(Month)

17
(Day)

1921
(Year)

17

I HEREBY CERTIFY, That I attended deceased from

April 20th, 1921, to

May 17th, 1921,

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH was as follows:

Internal Hemorrhage

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. 27 ds.

Ulceration of Intestines

(duration) yrs. mos. 27 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wesley Sawyer, M.D.

(Address) 35 Vernon St

Date May 18 1921
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Edson
(Cemetery)

Lowell
(City or town)

DATE OF BURIAL

May 19, 1921

20 UNDERTAKER

ADDRESS

217 APPLETON ST

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dog laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Pneumococcal pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death, where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322*.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 38*.

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8*.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MiddlesexState MassRegistered No. 36 35

(City or Town)

City or Town ChlemsfordNo. Boston Road Chlemsford Centre St. Ward 36
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Anna Silva

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Boston Road Chlemsford C't. Ward. 36
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH May

(Month)

10

(Day)

1921

(Year)

7 AGE

Years

Months

Days

8

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone

(b) Name of employer

"

9 BIRTHPLACE (City)

(State or country)

Chlemsford Centre

PARENTS

10 NAME OF
FATHERJoseph Silva11 BIRTHPLACE OF
FATHER (City)

(State or country)

Maderia12 MAIDEN NAME
OF MOTHERMaria Gracia13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Maderia

14

Informant Joseph Silva(Address) Boston Road Chlemsford Ct

15

Filed

May 19 1921

(Month)

(Day)

(Year)

REGISTRAR

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Patrick's

(Cemetery)

Lowell

(City or town)

DATE OF BURIAL

May 19 21

ADDRESS

20 UNDERTAKER

J.L. McDonough

Official position

Funeral DirectorDate of
issue of permitMay 19 1921176 Gorham SLowell

No.

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedJustin L. Moore

Official position

Funeral DirectorDate of
issue of permitMay 19 1921176 Gorham SLowell

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric*, *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

(City or Town)

City or Town

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(h) Name of employer

9 BIRTHPLACE (City)
(State or country)10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

May 15, 1921, to May 18, 1921,

that I last saw him alive on May 18, 1921,

and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH was as follows:

Chronic Interst. Nephritis

CONTRIBUTORY
(SECONDARY)18 Where was disease contracted
if not at place of death?

Did an operation precede death? No, Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James J. Hogan, M.D.

(Address) 127 Central St.

Date 5-18-1921
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

20 UNDERTAKER

ADDRESS

Official position of permit

Date of issue of permit May 20 1921

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as *Apnea*, "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

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No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

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- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or Town)

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

5 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Martha E. Bean

6 DATE OF BIRTH

Dec

19 1850

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

if LESS than

70

5

8

1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Carpenter, Retired

(b) Name of employer

9 BIRTHPLACE (City)

Lowell

(State or country)

Mass

10 NAME OF
FATHER

Wm H. Bean

11 BIRTHPLACE OF
FATHER (City)

(State or country)

N. H.

12 MAIDEN NAME
OF MOTHER

Elvira C. Shattuck

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Milford

N. H.

14

Informant

Mrs F. E. Bean

(Address)

South Chelmsford

15

Filed

May 31 1921 Justin L. Moore

(Month)

(Day)

(Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Justin L. Moore

Official
position

Walter Perkins

Date of
issue
of permit

May 31 1921

Permit
No.

No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May

27

1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

, 19, to, 1921

that I last saw him alive on, 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Myocarditis and acute gastritis
Sudden death unattended
but in presence of wife
(duration) yrs. mos. 1 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? NO. Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Arthur G. Scoboria M.D.

(Address) for Basil of Health

Date May 30 1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Edson

Lowell

(Cemetery)

(City or town)

May 31 1921

20 UNDERTAKER

ADDRESS

Walter Perkins

Chelmsford

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

So. Chelmsford
(City or Town)
Registered No. 3938

1 PLACE OF DEATH

County

State

City or Town

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

7

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....bis.

or min.

1i STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 19, 1921, to May 22, 1921
that I last saw him alive on May 25, 1921.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH was as follows:

Arterial Sclerosis

CONTRIBUTORY
(SECONDARY)

(duration) 10 yrs. mos. ds.

(duration) 10 yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. C. Shaw, M.D.

(Address) 137 M. W. W. W. W. W.

Date May 25, 1921

(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

20 UNDERTAKER

ADDRESS

Official position W. Herbert Blake
Date of issue May 28, 1921
Permit No.

MARGIN RESERVED FOR BINDING

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 28, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

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The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Township

City

State

or Village

No.

(City or town)

Registered No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....(b) General nature of industry,
business, or establishment in
which employed (or employer).....

(c) Name of employer.....

9 BIRTHPLACE (city or town).
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant

(Address)

15

Filed

May 30, 1921

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from

, 19....., to

that I last saw h..... alive on 19.....

and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY

(SECONDARY)

18 Where was disease contracted

if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed)

, 19 (Address)

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

ADDITIONAL STATEMENTS

Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Tewksbury

(City or town)

1 PLACE OF DEATH

County MiddlesexState MassachusettsRegistered No. 168

(Place of death)

City or Town TewksburyNo. State InfirmaryRegistered No. 40

(Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Sirois

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

City or Town

No.

Chelmsford

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

12

days

How long in U. S., if of foreign birth?

59

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJoseph Sirois6 DATE OF BIRTH (month, day, and year) May--1850

7 AGE

Years

Months

Days

About 71

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousework(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) St. Rock
(State or country) Quebec, Canada.

PARENTS

10 NAME OF FATHER

Joseph Sirois11 BIRTHPLACE OF FATHER (city or town)
(State or country)St. Rock
Quebec, Canada.

12 MAIDEN NAME OF MOTHER

Calona Lenieux13 BIRTHPLACE OF MOTHER (city or town)
(State or country)Canada.

14

Informant
(Address)Hospital Record.

15

Filed

5/7/21

19

21

Registrar of city or town where death occurred

Filed

June 10, 1921

19

21

Registrar of city or town where deceased resided

Justice L. Moore

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6, 19 2117 I HEREBY CERTIFY, That I attended deceased from
April 24, 19 21, to May 6, 19 21,that I last saw her alive on May 6, 19 21,and that death occurred, on the date stated above, at 7:30 P m.

THE CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES,
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL,
SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)ArteriosclerosisChronic

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted Chelmsford.
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Sherman Perry

M.D.

7/7/21 (Address) State Infirmary, Tewksbury

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Joseph's Cem. Chelmsford, 19 21

20 UNDERTAKER

ADDRESS

Joseph Albert, 171 N. Main St.,
Lowell, Mass.

MARGIN RESERVED FOR BINDING

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REVISED UNITED STATES STANDARD CERTIFICATE

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, *first*, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unspecified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Colic," "Senile," etc.), "Dropsy," "Exhaustion," "Genital," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as *accidental*, *succidal*, or *homicidal*, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

Cases for the medical examiner.—Deaths under the provisions of chapter 24 of the Revised Laws must be referred to the Medical following conditions must be referred to the Medical

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 years months days

How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

7 AGE

Years

Months

Days

If LESS than

1 day.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

PARENTS

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21

HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 19, 1921, to June 7, 1921,

that I last saw him alive on June 6, 1921,

and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH was as follows:

Myocarditis

CONTRIBUTORY

(SECONDARY)

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Arthur G. Scoboria, M.D.,

(Address) Chelmsford, Mass.

Date June 7, 1921.

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Riverside North Chelmsford June 9, 1921

(Cemetery)

or town

20 UNDERTAKER

ADDRESS

Geo. M. Healey, Lowell, Mass.

Official position

Iron Clerk

Date of
issue
of permit

June 8, 1921

Permit
No.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer* — *Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specially the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "PERIPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 8, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Middlesex State Mass Registered No. 42
City or Town Chelmsford No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Otis ~~Howard~~ Reed
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. Turnpike Road St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 4 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH May 3 1854
(Month) (Day) (Year)

7 AGE Years Months Days if LESS than 1 day, _____ hrs. or _____ min.
67 1 4

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) Name of employer

9 BIRTHPLACE (City)
(State or country)

Tyngsboro
Mass.

10 NAME OF FATHER

Abraham Reed

11 BIRTHPLACE OF FATHER (City)
(State or country)

Westford
Mass

12 MAIDEN NAME OF MOTHER

Mary Cummings

13 BIRTHPLACE OF MOTHER (City)
(State or country)

Tyngsboro
Mass

14

Informant
(Address)

Mrs. Ida Foss
Chelmsford, Mass

15

Filed June 9 1921
(Month) (Day) (Year)

Justin L. Moore
REGISTRAR

21

HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Justin L. Moore
Official position

John Clerk
Official position

Date of issue 6/9/21
of permit

Permit No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 7 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1921, to June 7, 1921, that I last saw him alive on June 6, 1921, and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH was as follows:
Myocarditis

(duration) 2 yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) _____ yrs. _____ mos. _____ ds.
18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Arthur G. Scoboria, M.D.

(Address) Chelmsford, Mass.

Date 6-8-1921
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Thompson-Tyngsboro, Mass.
(Cemetery) (City or town)

DATE OF BURIAL

June 10 1921

20 UNDERTAKER

Walter Perkins

ADDRESS

Chelmsford

RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 2d ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Senile," "Lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 86.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH

County

Middlesex

State

Mass.

City or Town

Lowell

No.

Lowell Corp. Hosp. St. 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Agnes St. Onge

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

Mass.

City or Town

Chelsea No. Church St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F. W.

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Aug. 13 1912

7 AGE

Years

Months

Days

8

10

4

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

Littleton W. H.

(State or country)

PARENTS

10 NAME OF FATHER

More

11 BIRTHPLACE OF FATHER (city or town)

Fall River Mass.

(State or country)

12 MAIDEN NAME OF MOTHER

Eva Peonbe

13 BIRTHPLACE OF MOTHER (city or town)

Littleton W. H.

(State or country)

14

Informant (Address)

Father, Chelmsford, Mass.

15

Filed

June 16, 1921

Registrar of city or town where death occurred

Filed

June 30, 1921

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 13 1921

17

I HEREBY CERTIFY, That I attended deceased from

June 11, 1921, to June 13, 1921,

that I last saw her alive on June 13, 1921,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Gargano's Appendicitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 11 1921

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. H. Gager, M.D. 15, 1921, (Address) Lowell

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Joseph, Chelmsford

DATE OF BURIAL

June 16 1921

20 UNDERTAKER

Jas. Albert

ADDRESS

Lowell

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, *first*, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained from the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Riverboat wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

sions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Mans.

State

Mass

Registered No.

(City or Town)

44

City or Town

Chelmsford

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St., Ward

2 FULL NAME

Melitable Sage Gibson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Bartlett St.

St.,

Ward.

Lowell Mass

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

/

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Moses Gibson

6 DATE OF BIRTH

April 10 1835

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

if LESS than

86

2

11

1 day, hrs.

of min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

9 BIRTHPLACE (City)

Pelham

(State or country)

N. H.

10 NAME OF
FATHER

Nathan Sage

11 BIRTHPLACE OF
FATHER (City)

Pelham

(State or country)

N. H.

12 MAIDEN NAME
OF MOTHER

Melitable Woodbury

13 BIRTHPLACE OF
MOTHER (City)

Salem

(State or country)

N. H.

14

Informant

Mrs Alfred P. Sawyer

(Address)

Chelmsford

15

Filed

June 23 1924 Justin L. Moore

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Justin L. Moore

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 21 1921

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

June 18, 1921, to June 21, 1921,

that I last saw her alive on June 21, 1921,

and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH was as follows:

Arteriosclerosis -
Myocarditis -

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

No.

Date of

Was there an autopsy?

No.

What test confirmed diagnosis?

(Signed)

Arthur G. Scoboria

M.D.

(Address)

Chelmsford, Mass.

Date

June 21 1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Pelham Cem.

(Cemetery)

Pelham N. H.

(City or town)

DATE OF BURIAL

June 24 1921

ADDRESS

Chelmsford

20 UNDERTAKER

Walter Perham

Official position

Iron clerk

Date of
issue
of permit

6/23/21

Permit

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 22, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more specific specification, as *Day laborer, Farm laborer, Laborer — Coal mine, Woman at home, who are engaged in the duties of the household only* (not paid Housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . .* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Aschoffia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Middlesex

State

Mass.

Registered No.

(City or Town)

St. 6. Helmsford

City or Town

Dorchester

No.

Acton Road

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2 FULL NAME

Ernest E. Clark

(If in Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Acton Road

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

7 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Sept. 10, 1907

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

13

9

12

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

School Boy

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)Killingly,
Conn.10 NAME OF
FATHER

Ernest E. Clark

11 BIRTHPLACE OF
FATHER (City)Great Falls,
N. H.

(State or country)

12 MAIDEN NAME
OF MOTHER

Ida F. Parkinson

13 BIRTHPLACE OF
MOTHER (City)New Bedford,
Mass.

(State or country)

14

Informant

Mrs. Ida F. Clark

(Address)

Providence, R. I.

15

Filed

June 27, 1921

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Justin T. Moore

Official position

Town Clerk

Date of issue

June 27, 1921

Permit

of permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 22, 1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

May 1, 1920, to June 22, 1921,

that I last saw him alive on June 22, 1921,

and that death occurred, on the date stated above, at 4:00 A.M.

The CAUSE OF DEATH was as follows:

Chr. Endocarditis

CONTRIBUTORY
(SECONDARY)18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Physical Exam

(Signed)

Harry R. Coburn, M.D.

(Address)

Westport, Mass.

Date

June 27, 1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Danielson, Danielson, Conn.

(Cemetery)

(City or town)

DATE OF BURIAL

June 25, 1921

20 UNDERTAKER

Geo. W. Healey

ADDRESS

Lowell, Mass.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mucosae*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insatiation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forth with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . —*Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Revised Laws, Chap. 79, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. —*Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Worcester State Mass Registered No. 46
City or Town Chelmsford No. North Chelmsford St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ruth Irene Reedy
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. North Chelmsford Ward. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 4 years 4 months 4 days. How long in U. S., if of foreign birth? 4 years 4 months 4 days

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>			16 DATE OF DEATH <u>July</u> <u>8</u> <u>1921</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>July 4</u> , 19 <u>21</u> , to <u>July 8</u> , 19 <u>21</u> , that I last saw her alive on <u>July 7</u> , 19 <u>21</u> , and that death occurred, on the date stated above, at <u>8:45</u> a.m. The CAUSE OF DEATH was as follows: <u>Septicemia</u>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of						
6 DATE OF BIRTH <u>July 4, 1921</u> (Month) (Day) (Year)	7 AGE Years <u>—</u> Months <u>—</u> Days <u>4</u> If LESS than 1 day, <u>—</u> hrs. or <u>—</u> min.					
If STILLBORN, enter that fact here						
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) Name of employer						
9 BIRTHPLACE (City) <u>Chelmsford</u> (State or country) <u>Mass</u>						
PARENTS	10 NAME OF FATHER <u>John J. Reedy</u>					CONTRIBUTORY (SECONDARY) (duration) <u>—</u> yrs <u>—</u> mos <u>—</u> ds.
	11 BIRTHPLACE OF FATHER (City) <u>Woburn</u> (State or country) <u>Mass</u>					18 Where was disease contracted if not at place of death?
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Reedy</u>					Did an operation precede death? Date of
	13 BIRTHPLACE OF MOTHER (City) <u>Woburn</u> (State or country) <u>Mass</u>					Was there an autopsy?
14 Informant <u>John J. Reedy, Father</u> (Address) <u>North Chelmsford</u>					What test confirmed diagnosis? (Signed) <u>Fred E. Warner</u> , M.D. (Address) <u>North Chelmsford</u> Date <u>July 8</u> , 19 <u>21</u> (Month) (Day) (Year)	
15 Filed <u>July 8 1921</u> <u>Justin L. Moore</u> (Month) (Day) (Year) REGISTRAR					19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St. Paul's</u> (City or town) <u>Woburn</u>	DATE OF BURIAL <u>July 9, 1921</u>
21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued <u>Justin L. Moore</u>					20 UNDERTAKER <u>James F. O'Neill</u> Official position <u>Funeral Director</u> Date of issue of permit <u>7/8/21</u>	ADDRESS <u>324 West</u> Permit No. <u>—</u>

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Toreman," "Manager," "Dealer," etc.; without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. If for persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 222.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement con-taining the facts required by law to be returned, and recorded, which . . . shall be accompanied by a satisfactory certificate of the at-tending physician, if any, as required by law, or in lieu thereof a certifi-cate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the per-mit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 28, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-possibly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or Town)

St. Ward

(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21

HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July

15

21

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

July 10, 1921, to July 18, 1921,

that I last saw him alive on July 18, 1921,

and that death occurred, on the date stated above, at 1:00 p.m.

The CAUSE OF DEATH was as follows:

Diphtheria

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Official
positionDate of
issue

of permit

Permit
No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. *Woman* at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 82.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) *Attending physicians* will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) *Board of Health Physicians* will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) *Medical examiners* will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County

State

Registered No.

City or Town

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

male

white

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

If STILLBORN, enter that fact here

1 day,.....hrs.

If STILLBORN, state period of uterogestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work.....

(b) General nature of industry,

business, or establishment in

which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH was as follows:

Premature Birth

1/2 hour

(duration).....yrs.....mos.....ds.

CONTRIBUTORY

(SECONDARY)

(duration).....yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed)....., M.D.

(Address).....

Date.....

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

Aug 5 1921

20 UNDERTAKER

ADDRESS

Official
positionDate of
issue
of permitPermit
No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very

important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

North Chelmsford
(City or Town)

1 PLACE OF DEATH

County MiddlesexState Mass.Registered No. 49City or Town North Chelmsford No. _____

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dorothy F. Crease

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Cor. Hanfield & Adams St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life years _____ months _____ days _____

How long in U. S., if of foreign birth? years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH June 27 1921
(Month) (Day) (Year)

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone

(b) Name of employer

9 BIRTHPLACE (City) North Chelmsford
(State or country)10 NAME OF
FATHERAlbert E. Crease11 BIRTHPLACE OF
FATHER (City)Providence

(State or country)

R.I.12 MAIDEN NAME
OF MOTHERMargaret D. Ridley13 BIRTHPLACE OF
MOTHER (City)Scotland

(State or country)

14

Informant

Albert E. Crease

(Address)

North Chelmsford Mass.

15

Filed

Aug 7 1921
(Month) (Day) (Year)Justice L. Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 6 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from
June 27, 1921, to Aug 6, 1921,that I last saw her alive on Aug 6, 1921.and that death occurred, on the date stated above, at 12:20 P.m.

The CAUSE OF DEATH was as follows:

MeningitisCONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank E. Phelan, M.D.(Address) North ChelmsfordDate Aug 6 1921
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Riverside
(Cemetery)North Chelmsford
(City or town)Aug 7 1921

20 UNDERTAKER

ADDRESS

William H. Saunders211 Appleton St.21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedJustice L. Moore
Official position

Official position

John Clark
Date of issue Aug 7/21
of permit

Permit

No. _____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 22, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 33.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to **injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

7 AGE

Years

Months

Days

If LESS than

If STILLBORN, enter that fact here

If STILLBORN, state period of uterogestation.....mos.

1 day.....hrs.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....(b) General nature of industry,
business, or establishment in
which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

PARENTS

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to

....., 19.....

that I last saw h..... alive on 19.....

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Still born

(duration) yrs.....mos.....ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed).....

M.D.

(Address).....

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

Aug 9 1921

20 UNDERTAKER

ADDRESS

Official

position

Date of
issue

8/9/21

Permit

No.

MARGIN RESERVED FOR BINDING

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RETURN OF CERTIFICATES OF DEATH

Statement of occupation. —

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meesles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Aug 9

1921

to Aug 12

1921

that I last saw him alive on Aug 12

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH was as follows:

Myocarditis

CONTRIBUTORY

(SECONDARY)

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Frank E. Phelps

M.D.

(Address)

20 Chalmers Road

Date

Aug

12

1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Official

position

Frank E. Phelps

Date of

issue

Permit

of permit

No.

MARGIN RESERVED FOR BINDING

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Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

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No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for this purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

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OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MiddlesexState Mass.(City or Town) Registered No. 52City or Town Chelmsford

No. _____

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ann MacElroy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Billerica Rd.

St. _____ Ward. _____

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married

5a If married, widowed, or divorced

~~HUSBAND of~~
(or) WIFE ofAdam F. MacElroy

6 DATE OF BIRTH

Jan.
(Month)28
(Day)1861
(Year)7 AGE 60 Years

Months

6 Months23 Days

If LESS than

1 day, _____ hrs.

or _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workat home

(b) Name of employer

9 BIRTHPLACE (City)

Mayfield, Nova Scotia

(State or country)

10 NAME OF
FATHERArchibald McLane11 BIRTHPLACE OF
FATHER (City)Mayfield, Nova Scotia

(State or country)

12 MAIDEN NAME
OF MOTHERNancy Grant13 BIRTHPLACE OF
MOTHER (City)Nova Scotia

(State or country)

14

Informant

Adam MacElroy

(Address)

Chelmsford, Mass.

15

Filed

Aug 22 1921
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedJustin L. MooreOfficial
positionWalter PerhamDate of
issue
of permit8/22/21

Permit

No. _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug. 20, 1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Aug 13, 1921, toAug 19, 1921

that I last saw her alive on

Aug 19, 1921

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Gastric Carcinoma
Toxaemia(duration) 1 yrs. + mos. + ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? no

Date of _____

Was there an autopsy? noWhat test confirmed diagnosis? Clinical exam.(Signed) Leonard C. Duesthoff, M.D.(Address) Chelmsford CenterDate Aug. 22, 1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Pine Ridge

(Cemetery)

Chelmsford

(City or town)

DATE OF BURIAL

Aug. 22
1921

20 UNDERTAKER

Walter Perham

ADDRESS

Chelmsford

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Foreman*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"; *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

1 PLACE OF DEATH

County MiddlesexState MassCity or Town LowellNo. Lowell Gen. Hosp. St. 7 WardRegistered No. 983
(Place of death)Registered No. 53
(Place of residence)

2 FULL NAME

Willis Barrett Parkhurst

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass
(Usual place of abode)City or Town Chelmsford No. High St.

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Aug. 7, 1865

7 AGE

56 Years

Months

16 Days

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workMachinist(b) General nature of industry,
business, or establishment in
which employed (or employer)Lowell Shop

(c) Name of employer

9 BIRTHPLACE (city or town,
(State or country)Chelmsford
Mass.

10 NAME OF FATHER

Edmond W.11 BIRTHPLACE OF FATHER (city or town,
(State or country)Chelmsford
Mass.

12 MAIDEN NAME OF MOTHER

Martha J. Dutton13 BIRTHPLACE OF MOTHER (city or town,
(State or country)Hollis
N.H.

14

Informant
(Address)J. T. Parkhurst
Chelmsford

15

Filed

Aug 26, 1921

Registrar of city or town where death occurred

Filed

Aug 26, 1921

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

August 23, 1921

17

I HEREBY CERTIFY, That I attended deceased from

Aug 16, 1921, to Aug 23, 1921

that I last saw him alive on

Aug 23, 1921and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES,
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL,
SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)Myocarditis with
Calcium

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Terminal Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?Yes Date of Aug. 10, 1921

Did an operation precede death?

Yes Date of Aug. 10, 1921

Was there an autopsy?

What test confirmed diagnosis? Kary + Cystoscopy(Signed) M. P. Collins, M.D.

8-25-21 (Address)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

For Father's Chelmsford

DATE OF BURIAL

Aug 26, 1921

20 UNDERTAKER

W. Parkhurst

ADDRESS

Chelmsford

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

tion is very important, so that the relative healthiness or various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated

of-
ter the
Medical
following conditions -----

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY
PHYSICIAN.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

(City or Town)

Registered No.

No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

7

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Jesse H. Bullard

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

87

1

11

1 day, ... hrs,
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Sandwich
Mass10 NAME OF
FATHER

Hiram Burpee

11 BIRTHPLACE OF
FATHER (City)

Brantham Mass

(State or country)

12 MAIDEN NAME
OF MOTHER

Achsah Foster

13 BIRTHPLACE OF
MOTHER (City)Rumney
N. H.

(State or country)

14

Informant

(Address)

Zora
Burpee
Chelmsford

15

Filed

(Month) (Day) (Year)

Sept 1 1921 Justice L. Moore

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Justice L. Moore

Official
position

Gronbeck

Date of
issue
of permit

9/1/21

Permit

No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

Aug. 30 1921

17

I HEREBY CERTIFY, That I attended deceased from

, 1920, to Aug 30, 1921.

that I last saw him alive on Aug 25, 1921.

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH was as follows:

General Atherosclerosis

Scurvy

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? NO. Date of

Was there an autopsy? NO.

What test confirmed diagnosis?

(Signed) William F. Scarborough, M.D.

(Address) Chelmsford, Mass.

Date Sept. 1 1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Rural Cem
(Cemetery)Napole Mass
(City or town)

DATE OF BURIAL

Sept 1 1921

20 UNDERTAKER

Walter Perkins

ADDRESS

Chelmsford

MARGIN RESERVED FOR BINDING

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

If STILLBORN, enter that fact here

I day,.....hrs.

If STILLBORN, state period of uterogestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

Sept 3 1921

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

, 1921, to

Sept 2

, 1921,

that I last saw him alive on

Sept 2

, 1921,

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Enterostatic Definitis

(duration).....yrs.....mos.....ds.

CONTRIBUTORY

(SECONDARY)

(duration).....yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Frank L. Phillips, M.D.

(Address) 2011 Chestnut Ave

Date Sept 3 1921

(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

1921

20 UNDERTAKER

ADDRESS

Official position

Date of issue of permit

9/3/21

Permit No.

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . Or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 73, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningens, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

(City or Town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.

Ward

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

15 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

7 AGE

Years

Months

Days

- If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employer9 BIRTHPLACE (City)
(State or country)10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)
(State or country)14 Informant
(Address)15 Filed
(Month) (Day) (Year)

REGISTRAR

21 Burial permit
issued byOfficial
position22 Date of
issuePermit
No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Carcinoma of uterus with
metastasis in liver, not disabled
by recognized disease.

(See reverse side for description for unknown person)

18 Where was injury sustained
if not at place of death?

(Signed)

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

(Month) (Day) (Year)

20 UNDERTAKER

ADDRESS

33 Prescott St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER of DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . **no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . .** The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise

a description of such person, as full as may be, with the **cause and manner of his death**, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause and manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County.....

City or Town.....

State.....

Registered No.

St.

Ward

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

40

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male.

4 COLOR OR RACE

White.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Amelia Le Marinel

6 DATE OF BIRTH

Dec. 8, 1840

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

80

9

18

1 day, ... his,
or mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Retired

9 BIRTHPLACE (City)

(State or country)

England

10 NAME OF
FATHER

John B. Le Marinel

11 BIRTHPLACE OF
FATHER (City)

(State or country)

England

12 MAIDEN NAME
OF MOTHER

Mary Godfrey

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

England

14

Informant
(Address)Walter N. Le Marinel
Nor. Chelmsford, Mass.

15

Filed

(Month) (Day) (Year)

Sept. 27, 1921
Justin K. Moon

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept. 26, 1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from
Sept. 23, 1921, to Sept. 26, 1921,

that I last saw him alive on Sept. 26, 1921.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

Arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred E. Varney, M.D.

(Address) Nor. Chelmsford

Date Sept. 26, 1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Riverside, Nor. Chelmsford

(Cemetery)

(City or town)

DATE OF BURIAL

Sept. 28, 1921

20 UNDERTAKER

Geo. M. Healey

ADDRESS

Somerville, Mass.

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Justin K. Moon

Official
position

John Chick

Date of
issue

9/27/21

Permit

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Senile," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificate will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

(City or Town)

Registered No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

20

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Herbert S. Sargent

6 DATE OF BIRTH

Oct

5

1851

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

69

11

25

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Boston

Mass.

10 NAME OF
FATHER

Edward Sweeney

11 BIRTHPLACE OF
FATHER (City)

(State or country)

Boston

Mass.

12 MAIDEN NAME
OF MOTHER

Sarah Somerville

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Boston

Mass.

14

Informant

(Address)

Herbert S. Sargent

Chelmsford

15

Filed

(Month) (Day) (Year)

Oct 1 1921 Justin L. Moore

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Justin L. Moore

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept.

30, 1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

March

1920, to

Sept 30, 1921

that I last saw him alive on

Sept 29, 1921

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Acute peritonitis

CONTRIBUTORY

(SECONDARY)

Myocarditis

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? NO

Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed)

A. G. Scoboria

M.D.

(Address)

Chelmsford, Mass.

Date

Oct - 1

1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Brimley B. Brimley

(Cemetery)

Brimley

(City or town)

DATE OF BURIAL

Oct 3 1921

20 UNDERTAKER

Walter Berham

ADDRESS

Chelmsford

Official position

Vocum Clerk

Date of issue of permit

10/1/21

Permit No.

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

TURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

CERTIFICATE OF DEATH OF NON-RESIDENT

Tewksbury

(City or town)

1 PLACE OF DEATH

County MiddlesexState MassachusettsRegistered No. 370

(Place of death)

City or Town TewksburyNo. State InfirmaryRegistered No. 5956

(Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frank Gilman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

City or Town

No. No.Chelmsford

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

14 days

How long in U. S., if of foreign birth?

30

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Dec. 17, 1850

7 AGE

Years

Months

Days

If LESS than

70828

1 day, ... hrs.

If STILLBORN, enter that fact here

or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workMill hand(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Canada

PARENTS

10 NAME OF FATHER Lupie Gilman

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Canada12 MAIDEN NAME OF MOTHER Virginia (not learned)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Canada

14

Informant

Hospit 1 Record

(Address)

15

Filed

19

Filed

19

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 19 21

17

I HEREBY CERTIFY, That I attended deceased from

Aug. 31, 19 21, to Sept. 14, 19 21,that I last saw him alive on Sept. 14, 19 21,and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

Carcinoma stomach(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted Lowell
if not at place of death?Did an operation precede death? Yes Date of Apr. 18, 1921Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Sherman Perry

19

(Address)

State Infirmary, Tewksbury

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Joseph's Cem. ChelmsfordSept. 16 19 21

20 UNDERTAKER

ADDRESS

Joseph Albert.

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES

ed by U. S. A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull and consequences (e. g., *sepsis*, *tetanus*) may be stated

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

145

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Nidex* (City or Town)
County *Mass* State *Mass* Registered No. *60*
City or Town *Chelmsford* No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Asa Grenville Charles*
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *Central Square* St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred *20* years _____ months _____ days
How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5a If married, widowed, or divorced
HUSBAND of *Harriet E. Charles*
(WIFE of)
6 DATE OF BIRTH *June 9 1833*
(Month) (Day) (Year)
7 AGE Years Months Days If LESS than
88 *4* *20* I day, _____ hrs. _____ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired*
(b) Name of employer

9 BIRTHPLACE (City) *Hoyebury, Maine*
(State or country)

10 NAME OF FATHER *Asa Charles*
11 BIRTHPLACE OF FATHER (City) *Concord N. H.*
(State or country)
12 MAIDEN NAME OF MOTHER *Harriet Ward*
13 BIRTHPLACE OF MOTHER (City) *Concord*
(State or country) *N. H.*

14 Informant *Frank B. Charles*
(Address) *Lowell Mass.*

15 Filed *Oct 29, 1921* *Justin L. Moore*
(Month) (Day) (Year) REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct. 29th 1921*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Aug 3, 1921*, to *Oct. 28, 1921*, that I last saw him alive on *Oct. 28, 1921*, and that death occurred, on the date stated above, at *6:45 a.m.*

The CAUSE OF DEATH was as follows:

Atherosclerosis
myocarditis
cerebral embolus

(duration) ? yrs. *3* mos. *25* ds.

CONTRIBUTORY *Pneumonia*
(SECONDARY)

(duration) _____ yrs. _____ mos. *1* ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of _____

Was there an autopsy? *no*

What test confirmed diagnosis? *none*

(Signed) *Dr. J. W. Stoddard*, M.D.

(Address) *Chelmsford*

Date *Oct 29, 1921*
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Pine Ridge Chelmsford
(Cemetery) (City or town)

DATE OF BURIAL

Oct 31 1921

20 UNDERTAKER

Walter Perham

ADDRESS

Chelmsford

Official *Justin L. Moore* Date of issue *10/29/21* Permit No. _____
position _____ of permit _____

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death, 25 ds.)*, *Dysentery* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insultion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (denied so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of every such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than
1 day,.....hrs,
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER

11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Oct. 23, 1921, to

Oct. 30, 1921,

that I last saw her alive on

Oct. 30, 1921,

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH was as follows:

Embolism

CONTRIBUTORY
(SECONDARY)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed)

Arthur G. Scobaria

M.D.

(Address)

Chilmark, Mass.

Date

Oct. 30, 1921,

(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Nov 3-21

20 UNDERTAKER

ADDRESS

J. E. Carver, Blake

Lowell

Official
position

John Clerk

Date of
issue
of permit

11/1/21

Permit

No.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

147
(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTER 24)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.

Ward,

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.
(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21

Burial permit
issued byOfficial
position

19 PLACE OF BURIAL, CREMATION, or REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

(Month) (Day) (Year)

20 UNDERTAKER

ADDRESS

22 Date of
issuePermit
No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise

a description of such person, as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have come to his death by violence, until a permit in writing, signed by the Medical Examiner, has first been obtained. — *Revised Laws, Chap. 24, Sec. 20.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Middlesex

State

Mass.

Registered No.

63

City or Town

Chelmsford

No.

North Road

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emma Elizabeth Hubbard

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

North Road

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

✓

6 DATE OF BIRTH

Sept 24 1854

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

67

1

12

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

9 BIRTHPLACE (City)

Lowell

(State or country)

Mass.

PARENTS

10 NAME OF
FATHER

Charles Hubbard

11 BIRTHPLACE OF
FATHER (City)

Welles

(State or country)

Maine

12 MAIDEN NAME
OF MOTHER

Ann Jewett

13 BIRTHPLACE OF
MOTHER (City)

Byfield

(State or country)

Mass.

14

Informant

Myra S. Hubbard

(Address)

Chelmsford, North Rd.

15

Filed

11/8/21 Justin L. Moore

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Justin L. Moore

Official
position

Town Clerk

Date of
issue
of permit

11/8/21

Permit
No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

1919, to

death

19

that I last saw him

alive on

Nov 4

1921,

and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH was as follows:

Chronic nephritis

(duration)

2 yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

Arteriosclerosis popliteal artery

(duration)

3 yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Urinalysis

(Signed)

M. L. Atling

M.D.

(Address)

Lowell, Mass.

Date

Nov

5

1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Lowell

(Cemetery)

Lowell

(City or town)

DATE OF BURIAL

Nov 8 1921

20 UNDERTAKER

Walter Perham

ADDRESS

Chelmsford

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

(City or Town)

Registered No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St., Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

50 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Nov. 5, 1921, to Nov. 11, 1921

that I last saw him alive on Nov. 11, 1921

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Carcinoma of liver

CONTRIBUTORY
(SECONDARY)

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Arthur G. Scobonia, M.D.

(Address) Chelmsford Mass.

Date Nov 12 1921

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Nov. 14-1921

20 UNDERTAKER

ADDRESS

Higgins Bros

Sowell

Official position Justin L. Moore

Date of issue of permit

11/21/21

Permit No.

REVISED UNITED STATES STANDARD

[Approved by U. S. Census and Air.

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archivist, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 2d ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

LAWS OF THE STATE OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 382.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died: . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which this clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of this purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF REVISED LAWS, CHAPTERS 24 AND 29)

1 PLACE OF DEATH

County Middlesex State Mass.Registered No. 1267Registered No. 65City or Town HowellNo. St. John's Hosp.St. 9Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ernest S. Dickinson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Woodbine

(Usual place of abode)

St. ChelmsfordWard Mass.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

March 17, 1903

(Month)

(Day)

(Year)

7 AGE

18 Years7 Months25 DaysIf LESS than
1 day, ... hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Auto Mechanic9 BIRTHPLACE (City)
(State or country)Howell, Mass.

PARENTS

10 NAME OF
FATHERFrancis B.11 BIRTHPLACE OF
FATHER (City)Howell, Mass.12 MAIDEN NAME
OF MOTHERLehekah A. Hunbar13 BIRTHPLACE OF
MOTHER (City)Cannot be learned
Canada

14

Informant
(Address)Father
Chelmsford, Mass.

15

Filed

Nov 14, 1921

Registrar of city or town where death occurred

Filed

11/15/21
District Attorney

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

November 11, 1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows:Shotgun Wounds of thigh
and Abdomen Accidental
loaded gun discharged in
being used to pound up
on the trunk with butt.

(See reverse side for additional space)

18 Where was injury sustained
if not at place of death?Chelmsford

(Signed)

Thomas B. Smith, M.D.

(Address)

Howell

Medical Examiner for

5th Dist. Middlesex Co.

Date

Nov 12, 1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Edson, Howell

DATE OF BURIAL

Nov. 14, 1921

(Month) (Day) (Year)

20 UNDERTAKER

Geo. W. Healey

ADDRESS

Howell21 Burial permit
issued byOfficial
position22 Date of
issue

MARGIN RESERVED FOR INDEXING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MEDICAL EXAMINERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known otherwise

RULES OF PRACTICE

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

The clerk of each city and town shall forthwith make certified copies of the records of all . . . deaths recorded during the previous month, if the . . . deceased [was a resident] of any other city or town in this commonwealth or in any other state at the time of said . . . death, and transmit them to the clerk of the city or town of which such . . . deceased person [was] resident at the time of the said . . . death . . . and the clerk of a city or town in this commonwealth so receiving such certified copies, or certified copies of . . . deaths, from the clerk of a city or town without the commonwealth, shall record the same. — *Revised Laws, Chap. 29, Sec. 13, as amended by Acts of 1910, Chap. 93, Sec. 3.*

DESCRIPTION (for unknown person)

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelmsford Mass.

(City or Town)

1 PLACE OF DEATH

County MiddlesexState Mass.Registered No. 66City or Town North ChelmsfordNo. 165 Wightman

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Patrick J. Peady

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 165 Wightman

St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 years - months - days.How long in U. S., if of foreign birth? 50 years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary O'Hare

6 DATE OF BIRTH

(Month)

(Day)

1859
(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or min.

62

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workStationery Fireman

(b) Name of employer

Middlesex County

9 BIRTHPLACE (City)

(State or country)

Ireland10 NAME OF
FATHERPatrick Peady11 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland12 MAIDEN NAME
OF MOTHERMary Herbert13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

14

Informant Mrs. Mary Peady, Wife(Address) 165 Wightman St.

15

Filed 11/16/21
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

November
(Month)14
(Day)1921
(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb. 22, 1921, to Nov. 14, 1921.that I last saw him alive on Nov. 14, 1921.and that death occurred, on the date stated above, at 11:40 P m.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis(duration) 8 yrs. 8 mos. 0 ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) Dr. J. Murphy M.D.(Address) 170 CentralDate Nov 14 1921
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Patrick's Lowell

(Cemetery)

(City or town)

DATE OF BURIAL

Nov. 17

20 UNDERTAKER

ADDRESS

324 Myer StOfficial
positionDate of
issue
of permit

Permit

No. _____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intention," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 58.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or Town)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

2 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Nov 8, 1921, to Nov 22, 1921,

that I last saw her alive on Nov 22, 1921,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH was as follows:

Endocarditis
following Chorea

CONTRIBUTORY

(SECONDARY)

18 Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Arthur G. Scoboria, M.D.

(Address)

Date Nov 23, 1921

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

Official position

Date of
issue
of permit

Permit

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 582.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

153
(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

3

years

months

days

How long in U. S., if of foreign birth?

30

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Ellen Grant

6 DATE OF BIRTH

(Month)

(Day)

(Year)

Mar 17 to 1864

7 AGE

Years

Months

Days

If LESS than

1 day,..... hrs.

or..... min.

65

8

13

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Cotton Mill

Overseer

9 BIRTHPLACE (City)

(State or country)

Sutton

10 NAME OF
FATHER

not known

11 BIRTHPLACE OF
FATHER (City)

(State or country)

..

12 MAIDEN NAME
OF MOTHER

..

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

..

14

Informant

(Address)

Jermey A. Grant
Chelmsford

15

Filed

(Month) (Day) (Year)

12/3/21 Justin L. Moon

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Justin L. Moon

Official position

Iron Clerk

Date of
issue
of permit

Permit

No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

Dec 1st 1921

17

I HEREBY CERTIFY, That I attended deceased from

July 15, 1921, to Dec 1, 1921,
that I last saw him alive on Nov. 30, 1921,

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis.

(duration)..... yrs..... mos..... ds.

CONTRIBUTORY

(SECONDARY)

(duration)..... yrs..... mos..... ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of Aug. 1921

Was there an autopsy? No

What test confirmed diagnosis? X-ray & physical exam.

(Signed) R. C. Stewart, M.D.

(Address) 226 Central St.

Date Dec 2 1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Colum

(Cemetery)

Chelmsford

(City or town)

DATE OF BURIAL

Dec 14

20 UNDERTAKER

ADDRESS

A. W. M. Co. Lowell

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

154

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or Town)

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

40

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Robert Penniman

6 DATE OF BIRTH

Dec 5 1823

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

97

11

28

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)

Canterbury N.H.

10 NAME OF
FATHER

Robert Penniman Chase

11 BIRTHPLACE OF
FATHER (City)

Canterbury

(State or country)

N.H.

12 MAIDEN NAME
OF MOTHER

Polly Chase

13 BIRTHPLACE OF
MOTHER (City)

not known

(State or country)

N.H.

14

Informant
(Address)Mrs Otis D. Brown
So. Chelmsford

15

Filed

(Month)

(Day)

(Year)

12/5/21 Justice L. Moore

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 5 1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Oct. 30, 1921, to Dec. 2, 1921

that I last saw her alive on Dec. 2, 1921

and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:

Bronchopneumonia

about 3 weeks

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no. Date of.....

Was there an autopsy? no.

What test confirmed diagnosis? no.

(Signed) Arthur G. Scoboria, M.D.

(Address) Chelmsford, Mass.

Date Dec. 3 1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Edson
(Cemetery)Lowell
(City or town)

DATE OF BURIAL

Dec 5

20 UNDERTAKER

Walter Perlman

ADDRESS

Chelmsford

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Justice L. Moore

Official position

John Clerk

Date of issue of permit

12/5/21

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Senile," "Lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

7

years

months

days

How long in U. S., if of foreign birth?

42

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or, min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month)

(Day)

(Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec.

3

1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Nov. 6

1921

to

Dec. 3

1921

that I last saw her alive on

Dec. 3

1921

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

Carcinoma of retroperitoneal
glands(?)CONTRIBUTORY
(SECONDARY)18 Where was disease contracted
if not at place of death?

Did an operation precede death?

removal about 2 years ago - with no
Was there an autopsy? No - return for breast

What test confirmed diagnosis?

(Signed)

Arthur G. Scoboria

M.D.

(Address)

Chelmsford, Mass.

Date

Dec. 4

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Edison

(Cemetery)

Lowell

(City or town)

DATE OF BURIAL

Dec 6. 1921

20 UNDERTAKER

William H. Dunder

ADDRESS

175 APPLETON ST

Official
position

John Clark

Date of
issue

12/5/21

Permit
No.

175

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when this certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day.....hrs.

or mo.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

3

(Day)

1921

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

1920, to

Dec 1

1921,

that I last saw him alive on

Dec 1

1921,

and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Chronic nephritis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

By J. H. Parson

M.D.

(Address)

Sun Bel

Date

Dec

3

(Month)

(Day)

1921

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

Official position

John A. Winbeck

Date of issue

12/4/21

of permit

Permit No.

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Crail engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d* de.; *Bronchopneumonia* (secondary), *10* ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

XTRACTS OF THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

14

years

✓

months

✓

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Eva E. Gage

6 DATE OF BIRTH

Aug. 13

(Month) (Day)

1846 (Year)

7 AGE

Years

Months

Days

If LESS than

75

3

21

1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Sharon, Mass.

10 NAME OF
FATHER

Hiram Gage

11 BIRTHPLACE OF
FATHER (City)

(State or country)

New Sharon, Mass.

12 MAIDEN NAME
OF MOTHER

Julia Burgess

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Fairfield, Mass.

14

Informant

(Address)

Mrs. Eva E. Gage
No. 6 Belmeford, Mass.

15

Filed

12/5/21

(Month) (Day) (Year)

Justin L. Moore
REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-

dard certificate of death was filed with me

BEFORE the burial or transit permit was issued

Justin L. Moore

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec.

4

1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

July

1920

to Dec 4

1921

that I last saw him alive on Dec 4

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Fred E. Varney

M.D.

(Address)

North Chelmsford

Date

Dec 5

(Month)

(Day)

1921 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

Lowell, Lowell, Mass.

DATE OF BURIAL

Dec. 7, 1921

20 UNDERTAKER

ADDRESS

Geo. M. Healey

Lowell, Mass.

Official position

Iron Clerk

Date of issue of permit

12/5/21

Permit No.

No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composition*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scalie," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Chelmsford

(City or Town)

1 PLACE OF DEATH

County MiddlesexState Mass.Registered No. 73City or Town ChelmsfordNo. # 106 Columbus AveSt. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Martha Cahey.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Chelmsford
(Usual place of abode)St. Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

14 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn Cahey

6 DATE OF BIRTH

Not Known

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

92

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

Ireland10 NAME OF
FATHERJohn Best11 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland12 MAIDEN NAME
OF MOTHERMary Overon13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

14

Informant

Hugh Cahey

(Address)

Chelmsford

15

Filed

12/5/21 (Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedJustin L. MooreOfficial
positionJustin L. Moore
Official
positionDate of
issue
of permitDec. 5/21

Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 5 1921.

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Sept. 19, 1921, to Nov. 5, 1921.that I last saw him alive on Nov. 30, 1921.and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart

(duration) yrs.....mos.....ds.

CONTRIBUTORY Chr. nephritis
(SECONDARY)

(duration) yrs.....mos.....ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy? NoWhat test confirmed diagnosis? Lab.(Signed) H. N. Jewett M.D.(Address) 222 Central StDate Dec. 5 1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

EdsonLowell

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 7 21

ADDRESS

Lowell

20 UNDERTAKER

W. Herbert Blake

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Chelmsford

(City or Town)

1 PLACE OF DEATH

County MiddlesexState Mass.Registered No. 74City or Town No. ChelmsfordNo. Middlesex

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Beaudette

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Middlesex St. No. Chelmsford Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 years _____ months _____ daysHow long in U. S., if of foreign birth? 11 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAlexandre Beaudette

6 DATE OF BIRTH

August 13, 1866

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

53323

1 day.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home

(b) Name of employer

9 BIRTHPLACE (City)

St. Louis, P.Q.

(State or country)

Canada

PARENTS

10 NAME OF
FATHERCharles Vezina11 BIRTHPLACE OF
FATHER (City)Ile au Grue, P.Q.

(State or country)

Canada12 MAIDEN NAME
OF MOTHERLeonore Tourigny13 BIRTHPLACE OF
MOTHER (City)Ile au Grue, P.Q.

(State or country)

Canada

14

Informant

Alexandre Beaudette

(Address)

No. Chelmsford

15

Filed

12/7/21 (Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Justin L. Moore

Official position

Justin L. Moore

Date of issue of permit

12/7/21

Permit No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec. 6th. 1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Nov. 29th. 1921

co.

Dec 6. 1921

that I last saw him alive on

Dec 5. 1921and that death occurred, on the date stated above, at 1:05 A m.

The CAUSE OF DEATH was as follows:

Cerebral HemorrhageCONTRIBUTORY
(SECONDARY)Ch. Infl. Hepatitis18 Where was disease contracted
if not at place of death?Did an operation precede death? no

Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

James J. Graham, M.D.

(Address)

127 Central St.

Date

12 (Month)6 (Day)1921 (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Joseph, E. Chelmsford

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 9, 1921

20 UNDERTAKER

Amedee Archambault

ADDRESS

Lowell

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the *illness* causing *death*, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the *DISEASE CAUSING DEATH* (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

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COMMONWE.

GOVERN.

RETURN OF CERTIFICATES OF DEATH

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Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

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OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or Town)

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

2 1/2 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

that I last saw h. alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

Incipient Pneumonia

CONTRIBUTORY
(SECONDARY)18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

Official
positionDate of
issue
of permitPermit
No.

217 APPLETON ST

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 23, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certifying certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 32.*

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Middlesex

State

Mass

Registered No.

76

City or Town

So. Chelmsford

No.

Maple Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Ward

2 FULL NAME

Mabel E. Page

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Maple Ave. So. Chelmsford

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

7

years

✓

months

✓

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

✓

6 DATE OF BIRTH

July 12, 1882

(Month)

(Day)

(Year)

7 AGE

Years

39

Months

4

Days

26

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

✓

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)Lowell
Mass.10 NAME OF
FATHER

Samuel S. Page

11 BIRTHPLACE OF
FATHER (City)

Lowell

(State or country)

Mass.

12 MAIDEN NAME
OF MOTHER

Lydia H. Garlands

13 BIRTHPLACE OF
MOTHER (City)

Framingham

(State or country)

M. H.

14

Informant

Mrs. Walter F. Bille

(Address)

So. Chelmsford, Mass.

15

Filed

(Month) (Day) (Year)

12/10/21 Justice L. Moore

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Justice L. Moore

Official position

Sour Clerk

Date of issue of permit

12/10/21

Permit No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec

8

1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

July, 1920, to Dec 8, 1921,

that I last saw her alive on Dec 7, 1921,

and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH was as follows:

Purpious Anemia

CONTRIBUTORY
(SECONDARY)

(duration) 2 yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam of blood

(Signed) M. D. Byrnes, M.D.

(Address) Lowell Mass

Date Dec 8 1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Edson Lowell Mass

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 11, 1921

20 UNDERTAKER

Gro. M. Healey

ADDRESS

Lowell Mass

[Approved by U. S. Census and American Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinter*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH *Chelmsford*

162

1 PLACE OF DEATH

County *Middlesex*State *Mass.*Registered No. *77*City or Town *Chelmsford*No. *997 Princeton St.*

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William Qualters

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *997 Princeton St.*

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

10 years

— months

— days

How long in U. S., if of foreign birth?

21 years

— months

— days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Single*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

1863

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or min.

58

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Operative*

(b) Name of employer

Silesia Mill

9 BIRTHPLACE (City)

(State or country)

*Ireland*10 NAME OF
FATHER*John Qualters*11 BIRTHPLACE OF
FATHER (City)

(State or country)

*Ireland*12 MAIDEN NAME
OF MOTHER*Catherine Jordan*13 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

14

Informant

Mrs. Mary Curran, Sister

(Address)

997 Princeton St.

15

Filed

(Month) (Day) (Year)

12/12/21 Justin L. Moore

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
BEFORE the burial or transit permit was issued*Justin L. Moore*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

Dec

(Day)

10

(Year)

1921

17

I HEREBY CERTIFY, That I attended deceased from

*Nov 10, 1921, to Dec 10, 1921,*that I last saw him alive on *Dec 9, 1921.*and that death occurred, on the date stated above, at *2 P.* m.

The CAUSE OF DEATH was as follows:

Chronic Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Fred E. Varney

M.D.

(Address)

North Chelmsford

Date

*Dec**10*

(Month)

(Day)

1921

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

*St. Patrick's**Lowell*

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 13, 1921

20 UNDERTAKER

ADDRESS

And T. Varney Room 324 Gay St

Official position

Date of
issue
of permit*12/12/21*

Permit

No.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *Note*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Chilmark
(City or Town)
78

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than
1 day,.....hrs.
or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

PARENTS

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Dec. 8, 1921, to Dec. 11, 1921

that I last saw him alive on Dec. 11, 1921

and that death occurred, on the date stated above, at 10:45 a.m.

The CAUSE OF DEATH was as follows:

Influenza
Glossitis
Mongolian Type of Idiozy.
(duration) yrs. mos. ds. 7 to 8

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds. 4

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Arthur G. Scoboria, M.D.

(Address) Chilmark, Mass.

Date Dec. 12, 1921,
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Chilmark
Westtown (City or town)
Dec. 12, 1921

20 UNDERTAKER

ADDRESS

M. L. Baker
Lumber

Official position
Date of issue
of permit
Permit No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES

Statement of occupation. —

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for this purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

(City or Town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER

PARENTS

11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER

13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month)

(Day)

(Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

January 19, 1927, to Dec 14, 1927

that I last saw him alive on about Dec 3, 1927,

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH was as follows:

Organic valvular disease
of the heart

(duration) 10 yrs. known mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred E. Hanney, M.D.

(Address) 1000 Chatham St.

Date Dec 14, 1927

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

20 UNDERTAKER

ADDRESS

Official position

of permit

Date of issue of permit

Permit

No.

REVISED UNITED STATES STANDARD CERTIFICATE

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or Town)

Registered No. 80

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

69

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)
(State or country)10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Dec 8

, 1921, to

Dec 17

, 1921.

that I last saw him alive on

Dec 17

, 1921.

and that death occurred, on the date stated above, at

3.30 P.M.

The CAUSE OF DEATH was as follows:

Angina Pectoris

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

Arterio-sclerosis

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Fred E. Jarnes

, M.D.

(Address)

North Chelmsford

Date

Dec 17

1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

20 UNDERTAKER

ADDRESS

Official
position

Town Clerk

Date of
issue
of permit

Permit

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the MISADSE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died! . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

166

1 PLACE OF DEATH

County MiddlesexState Mass.Registered No. 81

(City or Town)

City or Town East ChelmsfordNo. Billerica St.St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Elizabeth A. Carr

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Billerica St.St. Ward.

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

December
(Month)16
(Day)1921
(Year)

7 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or min.

3

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone

(b) Name of employer

9 BIRTHPLACE (City)

East Chelmsford

(State or country)

10 NAME OF
FATHERJames B. Carr11 BIRTHPLACE OF
FATHER (City)Ireland

(State or country)

12 MAIDEN NAME
OF MOTHERElizabeth M. Cain13 BIRTHPLACE OF
MOTHER (City)Lowell

(State or country)

14

Informant

James B. Carr

(Address)

Billerica St.

15

Filed

12/19/21
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Justin H. Moore

Official position

Justin H. MooreDate of issue
of permit12/19/21

Permit

No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Dec. 16, 1921, to Dec 19, 1921.that I last saw her alive on Dec 18, 1921.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Uterine haemorrhage
uncontrollable

CONTRIBUTORY

(SECONDARY)

18 Where was disease contracted
if not at place of death?Did an operation precede death? No. Date of Was there an autopsy? No.

What test confirmed diagnosis?

(Signed)

Arthur G. Scoboria, M.D.

(Address)

Chelmsford Mass.

Date

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Patrick's

(Cemetery)

Lowell

(City or town)

DATE OF BURIAL

12/20/22

20 UNDERTAKER

John L. McInerney 176 Gorham

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 11, as amended by Acts of 1910, Chap. 522.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 88.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or Town)

Registered No. 82

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

40 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant
(Address)

15

Filed 17/23/21
(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Dec 22, 1921, to Dec 22, 1921

that I last saw her alive on Dec 22, 1921,

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH was as follows:

Lobar pneumonia

CONTRIBUTORY

(SECONDARY)

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank E. Phelps, M.D.

(Address) North Chelmsford

Date Dec 22, 1921
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Edison
(Cemetery)Fornell
(City or town)

Dec 24/21

20 UNDERTAKER

ADDRESS

Hiram L. Brown

14 Faring St

Official position Hiram L. Brown Date of issue of permit 17/23/21 Permit No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d dx.*; *Bronchopneumonia* (secondary), *10 dx.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH GOVERNING RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Middlesex

State

Mass

Registered No.

83

City or Town

Chelsea

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2 FULL NAME

Hunter

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If STILLBORN, enter that fact here

Stillborn

If STILLBORN, state period of uterogestation.....mos.

If LESS than

1 day.....hrs.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.....(b) General nature of industry,
business, or establishment in
which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (City)
(State or country)Chelsea
Mass

PARENTS

10 NAME OF
FATHER

Leo John Hunter

11 BIRTHPLACE OF
FATHER (City)

Lancaster

(State or country)

Mass

12 MAIDEN NAME
OF MOTHER

Nancy P. Green

13 BIRTHPLACE OF
MOTHER (City)

Nova Scotia

(State or country)

14

Informant

(Address)

Leo J. Hunter
No. Chelsea

15

Filed

(Month)

(Day)

(Year)

12/27/21
Justin H. Moore

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec

26

1921

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

, 19

to

Dec 26

, 19

that I last saw h..... alive on 19

and that death occurred, on the date stated above, at 6 9, m.

The CAUSE OF DEATH was as follows:

Still Born

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Fred E. Varney

, M.D.

(Address)

North Chelsea

Date

Dec 26

1921

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Chelsea

(City or town)

DATE OF BURIAL

12/27/21

20 UNDERTAKER

ADDRESS

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Justin H. Moore

Official

Justin H. Moore

Date of

issue

12/27/21

Permit

No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

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[Approved by U. S. Census and American Public Health Association]

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *da.*; *Bronchopneumonia* (secondary), 10 *da.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died [defined so that it can be classified under the international classification of causes of death], where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 1, as amended by Acts of 1910, Chap. 822.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectman for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 78, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.